

# CIYSL Scheduled Game Reporting

**Send Report to: ciysl@comcast.net**

**Or fax to: 217-391-4351**

**Contact Information:**

Hosting Club/Team:	Contact:	Phone:
Age Division:      Boys/Girls:	Game Location:	Game Date:

**Game Scores:**

#1	Cancelled <input type="checkbox"/>	No Show <input type="checkbox"/>	Team Name:	Score:	Team Name:	Score:
#2	Cancelled <input type="checkbox"/>	No Show <input type="checkbox"/>	Team Name:	Score:	Team Name:	Score:

**Incident Reports:**

<b>Red Card Issued</b>			
Club/Team:	Player/Coach:	Game #:	Did Referee Return Card?
Club/Team:	Player/Coach:	Game #:	Did Referee Return Card?

<b>Referee Issues</b>		
Name:	Game #:	Issue:
Name:	Game #:	Issue:

<b>Player Injury</b>		
Name:	Team:	Injury:
Name:	Team:	Injury:

<b>Comments:</b>
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**Contact Information:**

*Hosting Club/Team – Name of team and associated club hosting games*

*Contact – Hosting team coordinator or person reporting game results*

*Phone – phone number of contact*

*Age Division Boys/Girls – Age division and gender on the League Schedule for these games*

*Game Location/Date – City and Date where games were played*

**Game Scores:** *(if you have more than 8 game results to submit, use another form)*

*Game # - Used to indicate game in Incident Reports area of this form*

*Cancelled/No Show – indicate only if a team cancelled or did not show(if games played, leave both boxes blank)*

*Cancelled – proper notice was given and referees were not scheduled or were cancelled*

*No Show – proper notice was not given (if referee fees need to be reimbursed, indicated under “Other Issues”)*

*Team Name/Score – Name of teams who played and respective scores*

**Incident Reports:**

*Red Cards - Club/Team – Name of club & team, Player or Coach, Game # (see above), and Yes/No if player card was returned*

*Referee Issues – Name of Referee, Game # (see above), and issue involving referee*

*Player Injury – Name of player, name of team and description of injury*

*Comments – Any additional comments that need further attention*