

WEST TEXAS PREMIERE LEAGUE
GAME REPORT

Please mail/fax the completed form to WTPL office within 48 hours of match
WTPL, C/O ANNA STULL, 809 W GOLF COURSE RD, MIDLAND, TX 79701-4140
FAX 432-683-1560

Game Info: Team Name: _____
Opponents Name: _____

Mandatory Sit out Verification

Age Group: Boys ____ Girls ____

The following player/coach/manager(s) did not participate:

Game Date _____ Player # _____ Name _____

Game Time _____ Player # _____ Name _____

Game Field _____ Player # _____ Name _____

SCORE: Your Team _____ Opponent _____ Referee Print Name _____
Standing _____ Non Standing _____

CARDS ISSUED IN GAME

Jersey	Your Team Player's Name	Card Color (Y/R)	Jersey #	Your Opponent Player's Name	Card Color (Y/R)
_____	_____	Y ____ R ____	_____	_____	Y ____ R ____
_____	_____	Y ____ R ____	_____	_____	Y ____ R ____
_____	_____	Y ____ R ____	_____	_____	Y ____ R ____
_____	_____	Y ____ R ____	_____	_____	Y ____ R ____
_____	_____	Y ____ R ____	_____	_____	Y ____ R ____

Report Completed By: _____ Date ____/____/____

Please Print the Officials Names

Rating Codes (1=Poor, 5= Excellent)

Referee _____ Asst. Ref _____ Asst. Ref _____

Arrived on Time	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Appearance	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Game Control	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Attitude	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Professionalism	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Positioning	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Fitness	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Overall	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Other Comments: _____