

**GOLDEN TRIANGLE YOUTH FOOTBALL & CHEER** 

## GAME RECORD

| DATE   |  |                                     | DIVISION:                      |
|--|--|-------------------------------------|--------------------------------|
| HOME:<br>VISITOR:  |  |                                     | HEAD REFEREE:                  |
|  |  |                                     | GOLD BADGE:                    |
| Please   | e answer the following ques  | ions and sign below:                |                                |
| 1.   | At any time during the game, was your team behind 28 points or more? If yes, please answer additional questions below: |                                     |                                |
|  | a. Did officials call a ti   | ne-out to review the lop-sided ru   | es?                            |
|  | b. Do you feel the othe  | er Head Coach acted in good faith   | following the lop-sided rules? |
| 2. During the game, was anyone ejected? If yes, please complete the below. |  |                                     | lease complete the below.      |
|  | a. If a player was eject   | ed, please list Player name, jersey | #, and team:                   |
|  | b. If a volunteer, pleas   | e list name and team:               |                                |
| 3.   | Overall, were you satisfied  | with today's game?                  | YesNo                          |
| Signature of Opposing Coach:   |  |                                     | Signature of Home Coach:       |
| Additi   | onal Notes/Comments:   |                                     |                                |