NSJFL Score Sheet

Field:
Date:
Field Monitor Name:
Note: Send to Tristen Schattler (NSJFL Pesident) by end of day.
(206) 455 1862

Time	Home Team	Score	HC Initials		Away Team	Score	HC Initials	Head Ref Initials

Refs Per Game: Peewee 3, 89ers 3,Junior 3, Bantam 3, Senior 4

Please indicated if refs are missing at any game.

Game:	Ref Count:	Level:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Incident Report:

9am Game:

Ejections:

Player: (Name/Number/Team/Reason)

_____
_____
_____
_____
_____
_____

Coach: (Name/Team/Reason)

_____
_____
_____
_____
_____
_____

Parent/Sideline Issues:

11am Game:

Ejections:

Player: (Name/Number/Team/Reason)

_____
_____
_____
_____
_____
_____

Coach: (Name/Team/Reason)

_____
_____
_____
_____
_____
_____

Parent/Sideline Issues:

1pm Game:

Ejections:

Player: (Name/Number/Team/Reason)

_____
_____
_____
_____
_____
_____

Coach: (Name/Team/Reason)

_____
_____
_____
_____
_____
_____

Parent/Sideline Issues:

3pm Game:

Ejections:

Player: (Name/Number/Team/Reason)

_____
_____
_____
_____
_____
_____

Coach: (Name/Team/Reason)

_____
_____
_____
_____
_____
_____

Parent/Sideline Issues:

5 pm Game:

Ejections:

Player: (Name/Number/Team/Reason)	Coach: (Name/Team/Reason)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Sideline Issues:

7 pm Game:

Ejections:

Player: (Name/Number/Team/Reason)	Coach: (Name/Team/Reason)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent/Sideline Issues:

Additional Notes: