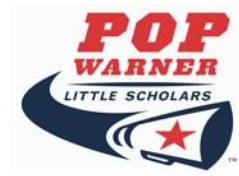


**SAGEBRUSH POP WARNER FOOTBALL LEAGUE
QUESTIONNAIRE REGARDING LOPSIDED SCORE, GAME**



WINNING TEAM: _____ **SCORE:** _____ **DATE OF GAME:** _____
LOSING TEAM: _____ **SCORE:** _____ **DIVISION OF PLAY:** _____

1. WHAT IN YOUR OPINION, CAUSED THE LOPSIDED SCORE?

2. TO YOUR KNOWLEDGE, WAS THERE ANY ILL-WILL OR ANIMOSITY BETWEEN YOU OR YOUR COACHING STAFF AND THE OPPOSING TEAM AND COACHES?

3. TO YOUR KNOWLEDGE, WAS THERE ANY HARD FEELINGS BETWEEN YOUR PLAYERS AND THE PLAYERS OF THE OPPOSING TEAM?

4. HAS YOUR TEAM EVER BEEN INVOLVED IN A LOPSIDED SCORE BEFORE? EXPLAIN IF YES.

**THIS FORM TO BE COMPLETED BY BOTH COACHES
WHENEVER SCORE SPREAD EXCEED 27 POINTS
AND TURNED INTO FIELD DIRECTORS FOR CITY
ASSOCIATION WHERE GAME PLAYED**

5. WHAT ACTIONS WERE TAKEN BY THE WINNING TEAM TO PREVENT THE SCORE REACHING A 28 POINT SPREAD, AND TO PREVENT FURTHER SCORING AFTER 28 POINT SPREAD WAS REACHED?

6. IN YOUR OPINION, DO YOU FEEL THAT THE WINNING COACH DID ALL HE COULD REASONABLY DO TO KEEP THE SCORE BELOW A 28 POINT SPREAD AND IF THE SPREAD EXCEEDED THE 28 POINT SPREAD DID HE MAKE EXTRA EFFORTS TO KEEP THE SCORE DOWN?

7. DID THE REFEREE SPOT THE BALL AT THE MIDFIELD STRIPE AFTER EACH SCORE ONCE THE LOP-SIDED SCORE WAS IN EFFECT? YES: _____ NO: _____

IF YOU WISH TO COMMENT BELOW:

COACHES SIGNATURE: _____

PRINTED NAME: _____

TEAM NAME: _____

(PLEASE PRINT OR TYPE)



SAGEBRUSH POP WARNER FOOTBALL
Referee's Evaluation Report



Head Referee's Name / No.: _____

Assistant Referee's Name / No.: _____

Assistant Referee's Name / No.: _____

Assistant Referee's Name / No.: _____

Date of Game: _____ **Game Location:** _____

Home Team: _____ **Visiting Team:** _____

Head Referee's Evaluation

	POOR	SATISFACTORY	GOOD	EXCELLENT
Uniform Physical Appearance and Condition				
Hustle and Motivation				
Attitude towards Coaches				
Attitude towards Players				
Overall Attitude during the Game				
Quality of Calls				
Explanation of Infractions				
Clock Management – Quarters and Halftimes				

Was any Coach or Player Ejected from the game? NO:___ YES:___ Please Explain:

Remarks concerning Assistant Referee's.

Referee's Name / Number: _____

Overall Condition of the field and Fields Set up: _____

Name of Evaluating Coach: _____ **Phone Number:** _____



SAGEBRUSH POP WARNER FOOTBALL LEAGUE
REFEREE GAME REPORT



DATE: _____ TEAM: _____ SCORE: _____
TEAM: _____ SCORE: _____

GAME LOCATION **GOLDEN EAGLE REGIONAL PARK**

DIVISION OF PLAY (CHECK ONE)

UNLIMITED:___ JR. VARSITY:___ PEEWEE:___ JR. PEEWEE:___ MITEY-MITES:___ TINY MITES ___

DID YOU HAVE ANY PROBLEMS INVOLVING PLAYERS, COACHES OR PARENTS?
YES:___ NO:___

IF YOU CHECKED “NO” IT IS NOT NECESSARY FOR YOU TO COMPLETE THE REMAINDER OF THIS FORM EXCEPT FOR YOUR SIGNATURE AT THE BOTTOM OF THE PAGE. HOWEVER IF YOU WISH, PLEASE USE SPACE BELOW FOR POSITIVE OR NEGATIVE COMMENTS. IF YOU ANSWERED “YES”, PLEASE COMPLETE THE REMAINDER OF THIS FORM.

PLEASE COMPLETE THE FOLLOWING REGARDING THE OFFENDING PLAYERS, COACHES OR PARENTS TO THE BEST OF YOUR KNOWLEDGE.

- A. COACHES NAME: _____ COACHES TEAM NAME: _____
- B. PLAYERS NAME: _____ PLAYERS TEAM NAME: _____
- C. PARENTS NAME: _____ PARENTS TEAM AFFILIATION: _____

EXPLAIN THE PROBLEMS IN DETAIL – YOU MAY USE THE BACK OF THIS FORM:

YOUR SIGNATURE: _____

PRINT NAME: _____

YOUR PHONE NUMBER: _____

