

Athletic Event Report Form

Coach: _____ Sport: _____

Date: _____ Opponent: _____

Results/Score: Indians: _____ Opponent: _____

To-Date (current) conference record:

To-Date (current) overall record:

Official Ratings: Rate on a scale of 1 – 5, with 1 being Excellent and 5 being Poor

Official Name: _____ ID # _____

City: _____ Rating: _____

Official Name: _____ ID #: _____

City: _____ Rating: _____

Outstanding Performances:

Anything AD should be made aware of?

Notes with regard to sportsmanship:

Please return this completed form to the Athletic Director's office by 8:00 am on the morning following the event. If you (the coach) will not be in the building, please make arrangements with a reliable athlete (or other source) to turn it in for you.