**Gym:**  **Date:**

Name of Person submitting scores:

1. List of Games:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Time** | **Div** | **Blue Team** | **Score** | **Win/Loss** | **Red Team** | **Score** | **Win/Loss** | **Total Fouls** |
| 8:15 am |  |  |  |  |  |  |  |  |
| 9:30 am |  |  |  |  |  |  |  |  |
| 10:45 am |  |  |  |  |  |  |  |  |
| 12:00 pm |  |  |  |  |  |  |  |  |
| 1:30 pm |  |  |  |  |  |  |  |  |
| 2:45 pm |  |  |  |  |  |  |  |  |
| 4:00 pm |  |  |  |  |  |  |  |  |

B. List any supplies needed;

C. Answer the Following:

1. Was the gym open on time? Yes / No

2. Was the custodian there to meet you? Yes/No

3. Was the custodian readily available (leave his cell #)? Yes/No

4. Did the custodian sweep between games? Yes/No

5. Did the custodian keep the entry way and restrooms clean? Yes/No

D. Serious Injuries or Roster changes?

E. Who has the gym bag?