

---

---

# Game Results

Game Date:

Division: **SENIOR**

Submitting Coach:

Final Score:

Winning Team and Score:

Losing Team and Score:

---

---

## PLAYER RECOGNITION

Team:


Team:


*Please check to be sure names are spelled correctly and that information is legible!*

1. Winning Coach is responsible for filling out and delivering form.
2. Please **PRINT** player's first and last name followed by (G) for Goal scored (and number of goals if more than 1), (A) for an Assist (and number of assists if more than 1) or (PW) for Played Well. List up to seven (7) names in priority order as the paper may delete some names because of space limitations. *Please be sure names from the losing team are also included!*
3. This sheet must be delivered by 6:30 PM Sunday night for games played over the weekend or for any games played during the week.

**Glen Tracy**  
**76 Bainbridge Road**  
**West Hartford, CT 06117**

**Email: glentracy@sbcglobal.net**  
**cc: notespro@aol.com**  
**cc: jonathan\_e\_blaine@sbcglobal.net**

---

---

**West Hartford Youth Soccer Association**