

CLAY Weekly Game Report Form – Use Black Ink, Print Clearly
 Enter Information from Individual Game Score Sheets – Fax to 866-674-0831.
 Retain All Forms; Turn In To CLAY at End of Season.

THIS FORM DETERMINES FACILITY AND REFEREE PAYMENTS

DATE: ____ / ____ 2009

HOST GYM: _____

TIME	DIVISION CODE <i>Example: BC1</i>	HOME TEAM CODE	HOME SCORE	√ IF WINNER	PRNT NAMES FOR EACH GAME		SIGN NAMES FOR EACH GAME	
		VISITOR TEAM CODE	VISITOR SCORE	√ IF WINNER	Scorekeeper (SK)		Scorekeeper (SK)	
					Referee		Referee	
					Referee		Referee	
8:00 AM					Print Names For Each Game		<i>Sign Names For Each Game</i>	
					SK:		SK:	
					Ref:		Ref:	
					Ref:		Ref:	
9:00 AM					Print Names For Each Game		<i>Sign Names For Each Game</i>	
					SK:		SK:	
					Ref:		Ref:	
					Ref:		Ref:	
10:00 AM					Print Names For Each Game		<i>Sign Names For Each Game</i>	
					SK:		SK:	
					Ref:		Ref:	
					Ref:		Ref:	
11:00 AM					Print Names For Each Game		<i>Sign Names For Each Game</i>	
					SK:		SK:	
					Ref:		Ref:	
					Ref:		Ref:	
12:00 PM					Print Names For Each Game		<i>Sign Names For Each Game</i>	
					SK:		SK:	
					Ref:		Ref:	
					Ref:		Ref:	
1:00 PM					Print Names For Each Game		<i>Sign Names For Each Game</i>	
					SK:		SK:	
					Ref:		Ref:	
					Ref:		Ref:	
2:00 PM					Print Names For Each Game		<i>Sign Names For Each Game</i>	
					SK:		SK:	
					Ref:		Ref:	
					Ref:		Ref:	
3:00 PM					Print Names For Each Game		<i>Sign Names For Each Game</i>	
					SK:		SK:	
					Ref:		Ref:	
					Ref:		Ref:	
4:00 PM					Print Names For Each Game		<i>Sign Names For Each Game</i>	
					SK:		SK:	
					Ref:		Ref:	
					Ref:		Ref:	