

EKS GAMES FLAG FOOTBALL GAME RECORDS FORM

Due IN HOUSE to the State Office by **Monday, September 27, 2021.**

Copy form as needed.

Special Olympics Indiana; 6200 Technology Center Drive, Suite 105; Indianapolis, IN 46278,

Email: entries@soindiana.org



**Special
Olympics
Indiana**



GENERAL INFORMATION

PROGRAM NAME: _____ AREA: _____

COUNTY COORDINATOR: _____ CELL PHONE: (____) _____

TEAM INFORMATION

HEAD COACH: _____

EMAIL: _____

CELL PHONE: (____) _____

TEAM NAME: _____

TEAM CLASSIFICATION

CATEGORY: TYPE: LEVEL:

TRADITIONAL JUNIOR 1

UNIFIED MASTER 2

SENIOR 3

GAME RECORDS

List **ALL** games played including those played during tournaments, leagues, or within your county. Make note of games where you're missing key players, team had an "off" night, or if there were unusual circumstances. **The opposing coach MUST sign your game record!**

DATE	OPPONENT	OUR SCORE	OPPONENT'S SCORE	Our team was...				
				Much Better	Somewhat Better	Similar	Somewhat Worse	Much Worse

Notes:

Opposing Coach's Signature: _____

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Notes:

Opposing Coach's Signature: _____

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Notes:

Opposing Coach's Signature: _____

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Notes:

Opposing Coach's Signature: _____

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Notes:

Opposing Coach's Signature: _____

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Notes:

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