CFOA FOOTBALL GAME REPORT

Date _____ Start Time _____ End Time _____

Home _____ Score _____ Ref. _____ F.J. _____

Visitor _____ Score _____ Ump. _____ S.J. _____

Overtime ? Yes ( ) No ( ) Extra Periods ____ H.L. _____ L.J. _____

Total Time _____

QTR.	TIME REMAINING	TEAM	FOUL CALLED	OFFENSE/DEFENSE RCV/ KICK	PLAYER NO.	ACCEPT/ DECLINE/ OFFSET	OFFICIALS CALLING (POSITION)
1 2 3 4				O D R K		A D O	R U H L F S
1 2 3 4				O D R K		A D O	R U H L F S
1 2 3 4				O D R K		A D O	R U H L F S
1 2 3 4				O D R K		A D O	R U H L F S
1 2 3 4				O D R K		A D O	R U H L F S
1 2 3 4				O D R K		A D O	R U H L F S
1 2 3 4				O D R K		A D O	R U H L F S
1 2 3 4				O D R K		A D O	R U H L F S
1 2 3 4				O D R K		A D O	R U H L F S
1 2 3 4				O D R K		A D O	R U H L F S
1 2 3 4				O D R K		A D O	R U H L F S
1 2 3 4				O D R K		A D O	R U H L F S
1 2 3 4				O D R K		A D O	R U H L F S
1 2 3 4				O D R K		A D O	R U H L F S
1 2 3 4				O D R K		A D O	R U H L F S
1 2 3 4				O D R K		A D O	R U H L F S