

Post Game Form

• This form must be submitted to the Club Sports Office, Fitness Center, Room 201, within 48 hours of game.

Club Name:	
Date:	
Form Submitted By:	Phone Number:
Date(s) of Game:	
Location of Game:	
Highlights of the Game: (Please be Specific – Opponents, Results, Websites w/ Results and Statistics, Activities – can be used for Club Sports blog & social media outlets)	
Please State Any Problems / Additional Comments: (Please be Specific)	
rease state Any Problems / Additional Comments. (Flease be specific)	
Total Attendance: = Club Members: Coac	ches: Other:
Self- funded cost pp: \$	
Number of Injury Forms Turned In:	Follow-Up Required: Y N