

Marathon Central School District
Athletic Department

ATHLETIC CONTEST REPORT

DIRECTIONS: Following each athletic contest, please complete and return this report to Todd James by the next day. You may place the form in my mailbox or e-mail it to TAJPEZ0131@aol.com.

COACH: _____ **COMPETITION DATE:** _____ **OPPONENT:** _____

SPORT: Baseball Basketball Bowling Cheerleading X Country F-Hockey
 Golf Indoor Track Soccer Softball Track & Field Wrestling

LEVEL: Junior High Junior Varsity Varsity

SCORE: Won _____ Lost _____ Tied _____ Invitational Results _____

NAME OF OFFICIALS (Home Games): _____

CONTEST HIGHLIGHTS (Specific Achievements)

INJURY REPORT (Summaries any and Injuries and Complete Accident Report for Nurses Office)

SPECIFIC SPORTSMANSHIP ISSUE (Positive or Negative for either team and/or spectators)

DAILY ANNOUNCEMENTS (Only complete if you would like me to submit for the daily announcements)