EAST SUBURBAN CATHOLIC CONFERENCE

FOOTBALL RESULT REPORT FORM

Date of Game: _____

VARSITY GAME: Name of school reporting: _____

Use this section for all games… 1 through 9.

Winning Team: _____

Losing Team: _____

Final score: _____

PLAYER INDIVIDUAL SCORING (player scoring from **reporting** school only)

PLAYER'S NAME	# of TD's	1-XP's	2-XP's	Field Goals	Safeties	Total

Please print in blue or black ball-point pen

Totals points: _____

Please FAX to Kevin Kelly (708) 755-6541 or EMAIL to kkelly@marianchs.com