

EAST SUBURBAN CATHOLIC CONFERENCE

Lower-level Football Report Form

Date of Game: _____

Sophomore Game. Name of School reporting: _____

Use this second for **all** Conference games only.

Please print in blue or black ball-point pen.

Winning Team: _____

Losing Team: _____

Final Score: _____

Date of Game: _____

Freshman Game. Name of School reporting: _____

Use this second for **all** Conference games only.

Please print in blue or black ball-point pen.

Winning Team: _____

Losing Team: _____

Final Score: _____

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

