

Central Coast Youth Football League

Date / Yr. \_\_\_\_\_

C.C.Y.F.L. Mandatory Play Rule Monitoring Form

Name	Jer.#	D	KO	KR	P	PR	1	2	3	4	5	6	7	8	9	10	11	12	EJT code

Team \_\_\_\_\_ HD, Coach: \_\_\_\_\_  
 Division: \_\_\_\_\_ Date: \_\_\_\_\_  
 Home Team: \_\_\_\_\_ Score: \_\_\_\_\_

Visiting Team: \_\_\_\_\_ Score: \_\_\_\_\_

Code Column Codes: (A) = absent or dropped (S) = Sick & unable to play  
 (I) = Injured during game (D) = Disciplinary

Opposing Coach: Answer the following questions and sign below:

1. At any time during the game was your team behind 25 points or more? If yes, answer (a)&(b):  
 a. Did game field commissioner & Officials call time out to apply the blow out rule? Y \_\_\_ N \_\_\_

b. Do you feel the other Head Coach acted in good faith following the blow out rule application? Y \_\_\_ N \_\_\_  
 1. During the game, was anyone ejected? If player enter an (X) in the EJT column next to name.  
 If Staff member, enter name: \_\_\_\_\_

3.) Overall were you satisfied with conduct of today's activities? Y \_\_\_ N \_\_\_ If No, Please file an explanation to the game field commissioner before end of day.

**Signature of Opposing Monitor**  
 MPR Monitor: \_\_\_\_\_  
 All qualified players met 12 play rule.  
 Following players did not meet MPR:  
 Jersey # \_\_\_\_\_

**Monitor's Signature:** \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Game Field Commissioner Signature**

Note: White copy to Game Field Commissioner, Yellow copy to Head Coach. MPR must be signed by Game Field Commissioner before leaving the game field site.  
 G.F.C. - Send copy to: CCYFL, P.O. Box 411, SLO, 9340  
 Must be in by Wednesday following the game