

RMR CONDUCT SITUATION FORM

(Tournament Director: This form must be faxed with the result form to the RMR Office (303) 782-5577 on Monday following the Event)

Location: _____

Date: _____

Division: _____



Person filling out form: _____

Check One: ☐ Site Coordinator or ☐ Tournament Director

Teams involved in match:

Team Name (1): _____ vs Team Name (2): _____

Officiating Team: _____

Observations of positive and negative behavior (identify participants by jersey number, coach, assistant coach, R1, R2, responsible person/spectator by name or clothing, etc). Please use back of form if necessary.

Teams: _____

Officials: _____

Spectator (s): _____

I have read and agree with the observations recorded here (sign below):

R1: _____ Print Name: _____ Name Of Team _____

R2: _____ Print Name: _____ Name Of Team _____

Scorekeeper: _____ Print Name: _____ Name Of Team _____

Coach of Team (1): _____ Print Name: _____ Name Of Team _____

Coach of Team(2): _____ Print Name: _____ Name Of Team _____

Site Director: _____ Print Name: _____