Bastrop ISD
Athletic Department
Game Report

School_____________________________________
Date______________
Opponent___________________________________

Result:	
WIN/LOSS

Record:	District___________ Overall___________

Participation List:
_____________________________  _________________________
_____________________________  _________________________
_____________________________  _________________________
_____________________________  _________________________
_____________________________  _________________________
_____________________________  _________________________
_____________________________  _________________________
_____________________________  _________________________
_____________________________  _________________________
_____________________________  _________________________

**You may attach a roster with Athletes highlighted who participated**

This form is due no later than Tuesday following preceding weeks competition

Verified by:
_____________________________  __________
Head Coach Signature	Date

_____________________________  __________
Received by Campus Coordinator	Date

_____________________________  __________
Received by Athletic Office	Date