



## Officiating Department

### WEEKLY CREW REPORTING FORM

**DATE:** \_\_\_\_\_ **Week #** \_\_\_\_\_

**Crew Chief:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Game Assigned:** \_\_\_\_\_

.....

Position #	Name of Official	Position	Email Address
		R	
		U	
		H	
		L	
		BJ	
		FJ	
		SJ	
		EOC	

**This form is to be filled out weekly and sent to the officiating office no later than Tuesday of each week. This is to verify the crew that will be working that week. You are reminded to rotate officials and use alt's when possible unless otherwise instructed.**

**Send to:**

**Jerry Lovvorn**

**Fax: 888-872-6008**