Delta Youth Football Game Day Weigh-In Form

Date_____ **Location of Game_____**

Home Team_____ **Visiting Team_____**

Weighmasters Names: Home_____ Visiting _____

Player #	Player's Name	Level	Today's weight	Reason for not Playing

Home Weighmaster evaluation of Visiting Team

Weighmaster's readiness (Poor) 1 2 3 4 5 (Outstanding) Circle one

Player's Behavior (Poor) 1 2 3 4 5 (Outstanding) Circle one

Weigh In Station (Poor) 1 2 3 4 5 (Outstanding) Circle one

Visiting Team Weighmaster evaluation of Home Team

Weighmaster's readiness (Poor) 1 2 3 4 5 (Outstanding) Circle one

Player's Behavior (Poor) 1 2 3 4 5 (Outstanding) Circle one

Weigh In Station (Poor) 1 2 3 4 5 (Outstanding) Circle one

_____ Home Away

Weighmaster's Signature date