

WIAA FOOTBALL SEASON SUMMARY

School _____ Coach _____ Home Phone (____) _____

Season Record to Date: Wins ____ Losses ____ Conference Record to Date: Wins ____ Losses ____ Work Phone (____) _____

	<u>Date</u>	<u>Opponent</u>	<u>Site</u>	<u>Won</u>	<u>Lost</u>	<u>Score</u>	<u>Conference Game</u>	
							<u>Yes</u>	<u>No</u>
Game 1	_____	_____	_____	____	____	_____	____	____
Game 2	_____	_____	_____	____	____	_____	____	____
Game 3	_____	_____	_____	____	____	_____	____	____
Game 4	_____	_____	_____	____	____	_____	____	____
Game 5	_____	_____	_____	____	____	_____	____	____
Game 6	_____	_____	_____	____	____	_____	____	____
Game 7	_____	_____	_____	____	____	_____	____	____
Game 8	_____	_____	_____	____	____	_____	____	____
Game 9	_____	_____	_____	____	____	_____	____	____

This form should be copied for all other schools in your tournament grouping and distributed at the seeding meeting.

BRING THIS FORM TO YOUR SEEDING MEETING