

DEBATE REPORT FORM

EVENT: _____

DATE: _____ **PLACE:** _____

RESOLUTION: _____
_____.

STYLE OF DEBATING: (Please circle the applicable one, specify what if “Other”).

Academic, Direct Clash, Cross-Examination, Mock Trial, Parliamentary, Other.

Name of Moderator: _____ **Name of Timekeeper:** _____

Names, Occupations and Mailing Addresses of Judges:

Affirmative Team Members [School(s)]	and	Their Scores				
_____		_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____

Negative Team Members [School(s)]	and	Their Scores				
_____		_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____
_____		_____	_____	_____	_____	_____

Decision: The _____ side won. **Number of spectators:** _____.

Additional Comments: _____

