



OFFICIAL LINEUP CARD

REGION _____ AGE GROUP _____ TEAM # _____ DATE _____

TEAM NAME _____ OPPOSING TEAM _____

COACH'S NAME _____ ASST. COACH'S NAME _____

All team players must be listed in order by Jersey #. If absent, indicate reason.

No.	PRINT PLAYERS NAME	Goals Scored	"Qtrs." Not Played			
			1	2	3	4

Age Group	Each Half, not to exceed	Duration of the Game, not to exceed	Ball Size
U-19	45 Minutes	90 Minutes	Size 5
U-16	40 Minutes	80 Minutes	
U-14	35 Minutes	70 Minutes	
U-12	30 Minutes	60 Minutes	Size 4
U-10	25 Minutes	50 Minutes	
U-8	20 Minutes	40 Minutes	Size 3
U-6	20 Minutes (10 min recommended)	40 Minutes (20 min recommended)	

Reorder #CS004-7 REV 4/04



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Referee Game Report

Date _____ Time _____ Field _____ Conditions _____
 Home Team/Colors _____ Visiting Team/Colors _____
 Halftime Score _____ In Favor Of _____ Final Score _____ Winning Team _____

Overall Conduct & Sporting Behavior

	Excellent	Normal	Poor	Additional comments:
Players:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Coaches:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spectators:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Referee Name (Print): _____ Phone/email: _____
 1st AR (Please Print): _____ Phone/email: _____
 2nd AR (Please Print): _____ Phone/email: _____

Preliminary Incident Report

(A more detailed report may be required – Check with your local Administrator)
Disciplinary Action / Significant Injuries / Additional Comments: Please include names and player numbers.

Signatures only needed if additional information is included in the Preliminary Incident Report

Referee's Signature: _____
 1st Assistant Referee's Signature: _____
 2nd Assistant Referee's Signature: _____

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