

## **OFFICIAL LINEUP CARD**

TEAM NAME

AGE GROUP \_\_\_\_\_ TEAM # \_\_\_\_ OPPOSING TEAM

DATE

COACH'S NAME

ASST. COACH'S NAME

No.	PRINT PLAYERS NAME	PLAYERS NAME Goals Scored		"Qtrs." Not Played 1 2 3 4			
		_					
		_					
		_					
		_					
Age	Each Half,		tion of t		ne,		Bal

Age Grou	not to exceed	not to exceed	Ball Size
U-19	45 Minutes	90 Minutes	
U-16	40 Minutes	80 Minutes	Size 5
U-14	35 Minutes	70 Minutes	
U-12	30 Minutes	60 Minutes	Size 4
U-10	25 Minutes	50 Minutes	Size 4
U-8	20 Minutes	40 Minutes	Size 3
U-6	20 Minutes (10 min recommended)	40 Minutes (20 min recommended)	SIZE 3

Reorder #CS004-7

REV 4/04



# OFFICIAL LINEUP CARD

REGION

#### TEAM # AGE GROUP DATE

OPPOSING TEAM

ГЕАМ	NAME	

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	Goa	als red	"Qtr 1	s." No 2	ot Pla 3	ayed 4
							-
							-
							-
Age Group	Each Half, not to exceed	Durati	on of the	e Gan eed	ne,	L	Ball Size
U-19	45 Minutes		90 Minut				
U-16	40 Minutes	8	80 Minut	tes		5	Size 5

35 Minutes

30 Minutes

25 Minutes

20 Minutes

U-14

U-12

U-10

U-8

Size 4

70 Minutes

60 Minutes

50 Minutes

40 Minutes



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AGE GROUP \_\_\_\_\_ TEAM # \_\_\_\_ DATE

TEAM NAME OPPOSING TEAM

ASST. COACH'S NAME COACH'S NAME

No.	PRINT PLAYERS NAME	S NAME Goals Scored		"Qtrs." Not Played 1 2 3 4			
				-			
				_			
Aae	Each Half.	Dura	tion of t	he Gar	ne.		Bal

Age Group	Each Half, not to exceed	Duration of the Game, not to exceed	Ball Size
U-19	45 Minutes	90 Minutes	
U-16	40 Minutes	80 Minutes	Size 5
U-14	35 Minutes	70 Minutes	
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AGE GROUP DATE TEAM #

TEAM NAME

COACH'S NAME

ASST. COACH'S NAME

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

OPPOSING TEAM

No.	PRINT PLAYERS NAME		Goals Scored			ot Pl 3	Played 3 4	
							-	
							-	
							-	
							-	
							-	
							1	
Age	Each Half,	Dura	tion of th	o Gan	no		Ball	
Group	not to exceed	Duia	not to exe	ceed	no,		Size	
U-19	45 Minutes		90 Minu	tes				
U-16	40 Minutes		80 Minu	tes			Size !	
U-14	35 Minutes		70 Minu	tes				
U-12	30 Minutes		60 Minu	tes			Size 4	
U-10	25 Minutes		50 Minu				size 4	
11.0	00 Minutes		40 Minu					

 
 U-8
 20 Minutes
 40 Minutes

 U-6
 20 Minutes (10 min recommended)
 40 Minutes (20 min recommended)
Reorder #CS004-7

All AYSO games shall be conducted in accordance with the current FIFA Laws of the Game and decisions of the International Board in effect at a date specified by the area director for his/her area (approximately the time of team formation for a given season), with the exceptions detailed in the AYSO National Rules and Regulations.

#### **Referee Game Report**

Date		Tin	ne	FieldConditions
Home Team/Colors				Visiting Team/Colors
Halftime Score In Fa		Favor Of	Final Score Winning Team	
			Ove	rall Conduct & Sporting Behavior
	Excellent	Normal	Poor	Additional comments:
Players:				
Coaches:				
Spectators	: 0			
Referee Na	ame (Print):			Phone/email:
1⊭ AR (Please Print):				Phone/email:
2nd AR (Ple	ease 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:
2 <sup>nd</sup> Assistant Referee's Signature:
Reorder #CS004-7 BEV 4/04

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Home Team/Colors				Visiting Team/Colors			
Halftime S	Halftime Score		Favor Of	f Final Score Winning Team			
			Ove	erall Conduct & Sporting Behavior			
	Excellent	Normal	Poor	Additional comments:			
Players:							
Coaches:							
Spectators	: 🗆						
Referee N	ame (Print):			Phone/email:			
1♯ AR (Ple	ase Print):			Phone/email:			
2 <sup>nd</sup> AR (Ple	ease Print):			Phone/email:			

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Signatures only needed if additional information is included in the Preliminary Incident Report
Referee's Signature:
1st Assistant Referee's Signature:
2 <sup>nd</sup> Assistant Referee's Signature:
Reorder #CS004-7 REV 4/04

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Home Tear	n/Colors			Visiting Team/Colors
Halftime Score In F		Favor Of	Final Score Winning Team	
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Referee Na	ame (Print):			Phone/email:
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Reorder #CS004-7 REV 4/0-	4

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Halftime Score		ime Score In Favor Of_		Final Score	_ Winning Team	
Overall Conduct & Sporting Behavior						
	Excellent	Normal	Poor	Additional comments:		
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Coaches:						
Spectators	. 🗆					
Referee N	ame (Print):			Phone/email:		
1≭ AR (Please Print):				Phone/email:		
2nd AB (Please Print)				Phone/email:		

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