SIMCOE COUNTY YOUTH SOCCER LEAGUE

(Incorporation # 1393701)

Date:_____ KICK OFF TIME _____AM/PM

GAME # _____ DIVISION _____ **Circle** A B COMP GIRLS BOYS

	SCORE			**SCORE**
HOME TEAM		VS	AWAY TEAM	

Club Name: _____ Club Name: _____

List Club Name (Not Sponsor Name) List Club Name (Not Sponsor Name)

PLAYERS NAMES Mark Call Ups as C/U beside their name	**OSA ID #**	**SHIRT NO.**	**CAUTION OR EJECTION**	**GOALS SCORED**
Club Name: **Team #**				
Team OSA #:			**TOTAL GOALS**	
Colours:				

1. Team Official's Name & Signature (Coach)	**OSA ID #**	**3. Team Official's Name & Signature**	**OSA ID #**
2. Team Official's Name & Signature (Asst Coach)	**OSA ID #**	**4. Team Official's Name & Signature**	**OSA ID #**

Game cancelled by referee due to: ☐ weather ☐ unsafe conditions ☐ injury ☐ default (Grace Time - 20 minutes)

Time Game Called at: _____AM/PM Number of Minutes playing time _____ Referee Signature: _____

Both Game Sheets to be forwarded to the Convenor by the Home Team **Within 3 DAYS**

MAILING ADDRESS: Detlef Clausen, Box 285, Tottenham, Ont. L0G 1W0

Fax: 1-705-645-8631 Home: 1-705-645-8631 Email: soctott@csolve.net

Referee reports are available on the SCYSL website http://www.scysl.com/mainlink/informat.htm

Fax ALL Card Detail reports to Detlef Clausen 905 - 936 – 6954 or by email.

WHITE - CONVENOR YELLOW – HOME TEAM PINK – VISITING TEAM GOLDENROD – REFEREE

OSA CARDS CHECKED? ___YES ____NO **Confirmed by Referee** Referee's Initials _____

Print Referee's Name:_____REFEREE'S # _____ Referee's Signature: _____

Assistant Referee _____ # _____ Assistant Referee_____ #_____