Sample of how to fill out gamesheet when you are the Away Team

SIMCOE COUNTY YOUTH SOCCER LEAGUE

(Incorporation # 1393701)

Date:_____**Date of game**_____ KICK OFF TIME _____**Time game starts** ____AM/PM

GAME # _**on your game schedule** ___ DIVISION **your team age div** **Circle** A B COMP GIRLS BOYS

	SCORE			**SCORE**
HOME TEAM	**Their score**	VS	AWAY TEAM	**Your score**

Club Name: _club your playing against____ Club Name: _ your 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: **your club name** **Team #** **1 or 2** **Team # is if your club has more than one team in age division**			**TOTAL GOALS**	
Team OSA #: **This is the number that is on the coaches listing assigned by OSA**				
Colours:				

Coach Name and Signature: **Coach OSA #**

Assistant Coach Name and Signature: **Assistant OSA #**

Game cancelled by referee due to weather, injury and/or unsafe conditions.

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, 56 Adeline Ave, Tottenham, Ont. L0G 1W0

Fax: 1-905-936-6954 **Home: 1-905-936-4460** **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_____ #_____