GTC soccer club

CYSA•S AFFILIATED

TEAM NAME _____ AGE DIV. U - _____

COLORS _____ COACH _____

TEAM ROSTER

SHIRT NO.	NAME	QUARTER				GOALS
		1	2	3	4	

DATE: _____ VERSUS: _____

HALFTIME SCORE: _____ IN FAVOR OF: _____

FULLTIME SCORE: _____ IN FAVOR OF: _____

REF. NAME: _____ SIGNATURE: _____

L-1 NAME: _____ SIGNATURE: _____

L-2 NAME: _____ SIGNATURE: _____

COACH'S SIGNATURE: _____

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Ball Size	*Players*	*Game Length*
5	*Under 18*	*Two 40-min. Halves*
5	*Under 14*	*Two 35-min. Halves*
4	*Under 12*	*Two 30-min. Halves*
4	*Under 10*	*Two25-min. Halves*
3	*Under 8*	*Two 25-min. Halves*
3	*Under 6*	*Two 20-min. Halves*

	Team	No.	Reason for Disciplinary Action
Cautions or Ejections			

GAME EVALUATION:

COACH	0	1	2	3	4	5
PLAYERS	0	1	2	3	4	5
SPECTATORS	0	1	2	3	4	5

COMMENTS:

_____

_____

_____

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