



24th ANNUAL THE FOX & THE HARE SOCCER TOURNAMENT



U16U19 Time Monitoring Card

Note: This form must be prepared by a Time Monitor that is independent from either team.

Coach: _____ Team Name/Number: _____ Region#: _____

Division: _____ GU: _____ BU: _____ Date: _____ Game Time: _____ Field#: _____

Jersey No.	Player Name Last, First	1st Half - Time Out of Game										2nd Half - Time Out of Game										Total	
		5	10	15	20	25	30	35	40	45	5	10	15	20	25	30	35	40	45				

Monitor Name: _____ (print name) Signature: _____ (sign name)

By signing this time card I certify that I am not associated with this team. I will turn in this timecard to the tournament officials immediately following the game.





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