



# OFFICIAL LINEUP CARD

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

TEAM NAME \_\_\_\_\_ OPPOSING TEAM \_\_\_\_\_

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	Goals Scored	"Qtrs." Not Played			
			1	2	3	4

Age Group	Each Half, not to exceed	Duration of the Game, not to exceed	Ball Size
U-19	45 Minutes	90 Minutes	Size 5
U-16	40 Minutes	80 Minutes	
U-14	35 Minutes	70 Minutes	
U-12	30 Minutes	60 Minutes	Size 4
U-10	25 Minutes	50 Minutes	
U-8	20 Minutes	40 Minutes	Size 3
U-6	20 Minutes (10 min recommended)	40 Minutes (20 min recommended)	

Reorder #CS004-7 REV 4/04



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### Referee Game Report

Date \_\_\_\_\_ Time \_\_\_\_\_ Field \_\_\_\_\_ Conditions \_\_\_\_\_

Home Team/Colors \_\_\_\_\_ Visiting Team/Colors \_\_\_\_\_

Halftime Score \_\_\_\_\_ In Favor Of \_\_\_\_\_ Final Score \_\_\_\_\_ Winning Team \_\_\_\_\_

#### Overall Conduct & Sporting Behavior

Excellent   Normal   Poor   Additional comments:

Players:            \_\_\_\_\_

Coaches:            \_\_\_\_\_

Spectators:            \_\_\_\_\_

Referee Name (Print): \_\_\_\_\_ Phone/email: \_\_\_\_\_

1<sup>st</sup> AR (Please Print): \_\_\_\_\_ Phone/email: \_\_\_\_\_

2<sup>nd</sup> AR (Please 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.

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*Signatures only needed if additional information is included in the Preliminary Incident Report*

Referee's Signature: \_\_\_\_\_

1<sup>st</sup> Assistant Referee's Signature: \_\_\_\_\_

2<sup>nd</sup> Assistant Referee's Signature: \_\_\_\_\_

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