

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.

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No.	PRINT PLAYERS NAME	Sco	ored	1	s." No 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	
U-16	40 Minutes	80 Minutes	Size 5
U-14	35 Minutes	70 Minutes	
U-12	30 Minutes	60 Minutes	Size 4
U-10	25 Minutes	50 Minutes	Size 4
U-8	20 Minutes	40 Minutes	Size 3
U-6	20 Minutes (10 min recommended)	40 Minutes (20 min recommended)	SIZE 3

Reorder #CS004-7 REV 4/04

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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 Playe			yed 4

Age Group	Each Half, not to exceed	Duration of the Game, not to exceed	Ball Size		
U-19	45 Minutes	90 Minutes			
U-16	40 Minutes	80 Minutes	Size 5		
U-14	35 Minutes	70 Minutes			
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U-8	20 Minutes	40 Minutes	Size 3		
U-6	U-6 20 Minutes (10 min recommended) 40 Minutes (20 min recommended)				
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Reorde	r #CS004-7	ŀ	REV 4/04

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All AYSO games shall be conducted in accordance with the current FIFA Laws of the Game and decisions of the International Board in effect at a date specified by the area director for his/her area (approximately the time of team formation for a given season), with the exceptions detailed in the AYSO National Rules and Regulations.

Referee Game Report

Home Team/Col	lors			Visiting Team/Colors
		In F	avor Of	Final Score Winning Team
				rall Conduct & Sporting Behavior
Evo	ellent	Normal	Poor	Additional comments:
	cellent	Normal	Poor	
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1st AR (Please F 2nd AR (Please I				Phone/email:
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•		ed repo	rt ma	minary Incident Report y be required – Check with your local Administrator)
Disciplinary	Action	/ Significa	ant Inju	ries / Additional Comments: Please include names and player numbers.
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Signature	s only	needed	if addit	ional information is included in the Preliminary Incident Report
Referee's Sig	nature	э:		
1st Assistant I	Refere	e's Sign	ature:	
2 nd Assistant	Refere	ee's Sign	nature:	
Reorder #CS	004-7			REV 4/04
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and decis	ions o	of the Int a (appro	ternati ximate detaile	onal Board in effect at a date specified by the area director ly the time of team formation for a given season), with the
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Overall Co	Final Scor conduct & Sporti conal comments: ary Incide required – Ch	am/Colorse ng Behavior Phone/email:Phone/email: Phone/email: Phone/email: Phone/email:	
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Signature:			
Signature:			
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Sigr	nature:	nature:	i if additional information is included in the F

for his/her area (approximately the time of team formation for a given season), with the exceptions detailed in the AYSO National Rules and Regulations.

Referee Game Report ___ Field _____

___ Visiting Team/Colors ____

Home Team/Colors ____

Halftime Score		In Favor Of		Final Score	Winning Team	
Overall Conduct & Sporting Behavior						
	Excellent	Normal	Poor	Additional comments:		
Players:						
Coaches:						
Spectators	: 🗅					
Referee Na	ame (Print):			Phone/	email:	
1st AR (Ple	ase Print):			Phone/	email:	
2nd AR (Ple	ase Print):			Phone/	email:	
-	in y Action	T. Organic	sant inju	no / Additional Comments : 1 co.	e include names and player numbers.	

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

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1st Assistant Referee's Signature: _ 2nd Assistant Referee's Signature: __

Reorder #CS004-7