	OFFICIAL L	INEUP CARD					OFFICIAL	LINEUP C	ARD				
REGIO	N AGE GROUP	TEAM #	DA	TE		REGION	AGE GROUP	TEAM	#	_ DATE			
TEAM NAME OPPOSING TEAM						TEAM N	AME	OPPOSING TEA	.M				
COACH'S NAME ASST. COACH'S NAME						COACH'S NAME ASST. COACH'S NAME							
All te	am players must be listed in orde	er by Jersey #. If ab	sent, in	dicate	reason.	All tea	m players must be listed in or	der by Jersey	#. If absen	t, indica	te rea	son.	
No.	PRINT PLAYERS NAME	Goals Scored				No.	PRINT PLAYERS NAME			"Qtrs." Not F		Played 3 4	
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Age Group	Each Half, not to exceed	Duration of the Game, not to exceed			Ball Size	Age Group	Each Half, not to exceed		Duration of the Game, not to exceed			⊥ Ball Size	
U-19	45 Minutes	90 Minutes				U-19	45 Minutes		90 Minutes	<u> </u>	Size 5		
U-16	40 Minutes	80 Minutes			Size 5		40 Minutes		80 Minutes				
U-14 U-12	35 Minutes 30 Minutes	70 Minutes 60 Minutes			+	U-14 U-12	35 Minutes 30 Minutes		70 Minutes 60 Minutes				
U-10	25 Minutes 50 Minutes			Size 4	U-10	25 Minutes	_	50 Minutes		Size 4			
U-8	20 Minutes 40 Minutes			Size 3	U-8	20 Minutes		40 Minutes	3	Size 3			
U-6 20 Minutes (10 min recommended) 40 Minutes (20 min recommended)						_ [_0-6]2	20 Minutes (10 min recommende	d) 40 Minutes	(20 min red	commend	iea)		
Reorder #CS002-7 REV 3/04 Reorder #CS002-7											RE'	V 3/04	

All AYSO games shall be conducted in accordance with the current FIFA Laws of the Game 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 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 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. exceptions detailed in the AYSO National Rules and Regulations. Referee Game Report Referee Game Report ___Time______Field ______Conditions ____ ____Time______Field ______Conditions ____ Home Team/Colors ________Visiting Team/Colors _____ Home Team/Colors ________Visiting Team/Colors _____ ____ Final Score _____ Winning Team____ ___ Final Score _____ Winning Team____ Haiftime Score _ ___ In Favor Of____ Haiftime Score _ ___ In Favor Of____ Overall Conduct & Sporting Behavior Overall Conduct & Sporting Behavior Excellent Normal Poor Additional comments: Excellent Normal Poor Additional comments: Players: Coaches: □ Division + Team # or Coach Name Uniform Certified Division + Team # or Coach Name Uniform Certified Referee Name (Print): Referee Name (Print): 1st AR Name (Print): 1st AR Name (Print): 2nd AR Name (Print): **Preliminary Incident Report Preliminary Incident Report** (A more detailed report may be required - Check with your local Administrator) (A more detailed report may be required - Check with your local Administrator) Disciplinary Action / Significant Injuries / Additional Comments: Please include names and player numbers. Disciplinary Action / Significant Injuries / Additional Comments: Please include names and player numbers. Signatures only needed if additional information is included in the Preliminary Incident Report Signatures only needed if additional information is included in the Preliminary Incident Report Referee's Signature:_ Referee's Signature:__ 1st Assistant Referee's Signature: 1st Assistant Referee's Signature: 2nd Assistant Referee's Signature: 2nd Assistant Referee's Signature: Reorder #CS002-7 REV 4/04 Reorder #CS002-7 REV 4/04