

OFFICIAL LINEUP CARD

AGE GROUP

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

TEAM #

DATE

No.	PRINT PLAYERS NAME	Go	Goals Scored		"Qtrs." Not Play 1 2 3		
-					2	5	-
				-			
				-	<u> </u>		
				_			
Age	Each Half,		tion of t		ne,		Ball

Age	Each Half,	Duration of the Game,	Ball
Group	not to exceed	not to exceed	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



OFFICIAL LINEUP CARD

REGION

TEAM # AGE GROUP DATE

TEAM NAME	OPPOSING TEAM
COACH'S NAME	ASST. COACH'S NAME

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No.	PRINT PLAYERS NAME	Goals "Qtrs." Not Scored 1 2							
							_		
							_		
							_		
4 ~ ~	Each Half	D	tion of th	- Cc-			Do"		
Age Group	Each Half, not to exceed	Dura	tion of the	e Gan ceed	ie,		Ball Size		
U-19	45 Minutes		90 Minu						
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AGE GROUP TEAM # DATE

TEAM NAME OPPOSING TEAM

ASST. COACH'S NAME COACH'S NAME

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TEAM #

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 U-8
 20 Minutes
 40 Minutes

 U-6
 20 Minutes (10 min recommended)
 40 Minutes (20 min recommended)
Reorder #CS004-7

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

Date		Tin	ne	FieldConditions
Home Tear	Home Team/Colors			Visiting Team/Colors
Halftime So	core	In Favor Of		Final Score Winning Team
			Ove	rall Conduct & Sporting Behavior
	Excellent	Normal	Poor	Additional comments:
Players:				
Coaches:				
Spectators				
Referee Na	ame (Print):			Phone/email:
1¤ AR (Ple	ase Print):			Phone/email:
2nd AR (Ple	ase 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.

Signatures only needed if additional information is included in the Preliminary Incident Report
Referee's Signature:
1st Assistant Referee's Signature:
2nd Assistant Referee's Signature:
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	Excellent	Normal	Poor	Additional comments:
Players:				
Coaches:				
Spectators	: 🗆			
Referee N	ame (Print):			Phone/email:
1≓ AR (Ple	ase Print):			Phone/email:
2nd AR (Ple	ease Print):			Phone/email:

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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:						
1st AR (Please Print):						
2nd AR (Please Print):						
2 Min (ricase rilling.				r none/email.		

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Home Team/Colors				Visiting Team/Colors			
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	Excellent	Normal	Poor	Additional comments:			
Players:							
Coaches:							
Spectators:							
Referee Name (Print):				Phone/email:			
1# AR (Please Print):							
2nd AB (Please Print):				Phone/omail:			

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