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)	

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 _____ 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: _____

1st AR (Please Print): _____ Phone/email: _____

2nd 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:_____

1st Assistant Referee's Signature: _____

2nd Assistant Referee's Signature: _____

Reorder #CS002-7 REV 4/04