

G	B	7	8	10	12	14	19	Team#	
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# OFFICIAL LINEUP FORM

Team Name \_\_\_\_\_  
 Team Colors \_\_\_\_\_  
 Coach's Name \_\_\_\_\_  
 Asst. Coach's Name \_\_\_\_\_

No.	Print Player's Name	Goals Scored		Qtrs. Played			
				1	2	3	4
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							

\*Indicate:      **G** - Goalkeeper      **C** - Captain      **A** - Alternative

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

Halftime Score \_\_\_\_\_ In Favor Of \_\_\_\_\_

Final Score This Team \_\_\_\_\_

Final Score Other Team \_\_\_\_\_

This Team:      Won      Lost      Tied

**Referee Must Sign Reverse Side**

## Rules and Regulations

Division	Qtr. Time Minutes	Halftime Minutes	Game Time Minutes	Ball Size
U19	20	40	80	5
U16	20	40	80	5
U14	17.5	32	70	5
U12	15	30	60	4
U10	12.5	25	50	4
U8	10	20	40	3
U7	10	20	40	3

### Referee's Report

Conduct of Players, Coaches & Spectators

EXCELLENT

NORMAL

POOR

PLAYERS

COACHES

SPECTATORS

#### YELLOW CARDS:

PLAYER # \_\_\_\_\_

PLAYER # \_\_\_\_\_

PLAYER # \_\_\_\_\_

#### RED CARDS:

PLAYER # \_\_\_\_\_

PLAYER # \_\_\_\_\_

PLAYER # \_\_\_\_\_

Disciplinary Action Taken: \_\_\_\_\_

\_\_\_\_\_

Additional Comment: \_\_\_\_\_

\_\_\_\_\_

Referee's Name: \_\_\_\_\_

Asst. Referee's Name: \_\_\_\_\_

Asst. Referee's Name: \_\_\_\_\_

**REFEREE – REPORT ALL YELLOW AND RED CARDS**