HEART OF YORK SUMMER CLASSIC

AUGUST 7th-8th, 2010

GAME SHEET

BOYS ☐	GIRLS ☐	AGE GROUP	DATE	GAME #
KICK-OFF TIME:		am / pm	FIELD:	

HOME		**FINAL SCORE**		AWAY

Home Team: _____ Away Team: _____

Shirt Colour: _____ Shirt Colour: _____

TEAM NAMED ON THIS FORM:

Jersey #	PLAYER'S FULL NAME (Last Name, First Name)	OSA #	Goals	Cards Y R	Ejection

Players listed on this game sheet are deemed to have played - maximum 18 players (U7-U10 maximum 14 players)

Coach: _____ RDS No._____ Signature: _____

Asst. Coach: _____ RDS No._____ Signature: _____

Manager: _____ RDS No._____ Signature: _____

REFEREE

Please sign game sheet and attach misconduct reports. Submit game sheet to the field marshall before leaving the field.

REFEREE NAME _____ REFEREE SIGNATURE

**** ONLY THOSE PLAYERS AND TEAM OFFICIALS LISTED HERE MAY SIT ON THE BENCH. ****