

U. S. CLUB SOCCER

U.S.A.L.S.O 09-10
TORRANCE, CA LEAGUE

TEAM NAME: _____ **GAME DATE:** _____ **OPPONENT:** _____

NAME OF MANAGER: _____ I.D.NO. _____ DIVISION/LEVEL: _____

NAME OF COACH: _____ I.D.NO. _____ FIELD No: _____

COLORS: Jersey: _____ Alt: _____ Shorts: _____ SCHEDULED STARTING TIME: _____ :00

	JERSEY		PLAYER NAME (PRINT)	PLAYER'S SIGNATURE	GOALS	
	NO.	PLAYER'S I.D. No.			SCORED BY	REFEREE'S COMMENTS
R	1					
	2					
O	3					
	4					
S	5					
	6					
T	7					
	8					
E	9					
	10					
R	11					
	12					
E	13					
	14					
D	15					
	16					
	17					
	18					
	19					
	20					
	21					
	22					
	XX					

"I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE & CORRECT." COACH/MANAGER _____ Manager _____
COMPLETES ABOVE SECTION (Signature) or Coach (Date)

REFEREE - COMPLETES SECTION BELOW - (USE BACK SIDE FOR REPORTS)

HALFTIME SCORE THIS TEAM:	HALFTIME SCORE OPPONENTS:	FINAL SCORE THIS TEAM:	FINAL SCORE OPPONENTS:
NAME OF REFEREE & I.D. NO.(PRINT)	SIGNATURE		
1st LINES PERSON & I.D. NO.	DATE GAME PLAYED:	START TIME:	
2nd LINES PERSON & I.D. NO.	4th OFFICIAL & I.D. NO.		