

7 VS 7

Www.Santaclaritasoccerleague.com

NO ALCOHOL/NO SMOKING/NO PETS(ONLY SERVICE DOGS)

DATE:	TEAM NAME:OPPO		NENT: DAY		′ Friday 🔲 Sunday 🗀	
GAME TIME: _	(PM) FIELI	D NUMBER: CP#12 A☐ B	B H/A:HC	OME AV	VAY 🗌	
REFEREE NAME:		CAPTAINS NAME:	INS NAME: JERSEY NUMBE		ER:	
PLAYER FIRST AND LAST NAME		PLAYERS SIGNATURE	NUMBER	GOALS	YELLOW	RED
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10 .						
11 .						
12 .						
FINAL RESU	LT:	()			()
TIME TEAM	SHOWED UP:	(AM/PM) TEAM PRESEN	TED: BALL	SUNIF	ORM□IDS	
CENTER RE	FEREE:	ASISTANT #1	#2			
NUMBER O	F IDS COLLECTED AND	RETURNED	_CAPTAINS	S INITIALS	,	

REFEREE REPORT - WRITE IN THE BACK OF THE SHEET