



**SCARBOROUGH SOCCER ASSOCIATION
ALBERT CAMPBELL ALL-STAR/SELECT TOURNAMENT
GAME SHEET**

BOYS GIRLS AGE GROUP: U_____ KICK OFF TIME _____

DATE: _____ LOCATION: _____

TEAM NAMED ON THIS SHEET: _____

FINAL SCORE

HOME TEAM _____

AWAY TEAM _____

SHIRT #	PLAYER'S	FIRST NAME	LAST NAME	OSA NUMBER	GOALS	CARDS Y R	EJECTION
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
MAXIMUM 12 PLAYERS FOR UNDER 9 & UNDER 10							
13							
14							
15							
16							
MAXIMUM 16 PLAYERS FOR UNDER 11 & UNDER 12							
17							
18							
MAXIMUM 18 PLAYERS FOR UNDER 13 +							

COACH	OSA NO.	SIGNATURE
ASSISSTANT	OSA NO.	SIGNATURE
MANAGER	OSA NO.	SIGNATURE
TRAINER	OSA NO.	SIGNATURE

ONLY THE ABOVE PLAYERS & TEAM OFFICIALS MAY SIT ON THE TEAM'S BENCH.

REFEREE	OSA NO.	SIGNATURE
ASSIST. REFEREE	OSA NO.	SIGNATURE
ASSIST. REFEREE	OSA NO.	SIGNATURE