



**SCARBOROUGH SOCCER ASSOCIATION  
ALBERT CAMPBELL ALL-STAR/SELECT TOURNAMENT  
FESTIVAL U7 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								
<b>MAXIMUM 10 PLAYERS FOR UNDER 8</b>								

<b>COACH</b>	<b>OSA NO.</b>	<b>SIGNATURE</b>
<b>ASSISSTANT</b>	<b>OSA NO.</b>	<b>SIGNATURE</b>
<b>MANAGER</b>	<b>OSA NO.</b>	<b>SIGNATURE</b>
<b>TRAINER</b>	<b>OSA NO.</b>	<b>SIGNATURE</b>

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

<b>REFEREE</b>	<b>OSA NO.</b>	<b>SIGNATURE</b>
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