



**SCARBOROUGH SOCCER ASSOCIATION
ALBERT CAMPBELL ALL-STAR/SELECT TOURNAMENT
FESTIVAL U8 GAME SHEET**

BOYS GIRLS AGE GROUP: U_____ KICK OFF TIME _____

DATE: _____ LOCATION: _____

TEAM NAMED ON THIS SHEET: _____

FINAL SCORE

HOME TEAM _____

| |
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| |
| |

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 | | | | | | | | |

MAXIMUM 10 PLAYERS FOR UNDER 8

| | | |
|-------------------|----------------|------------------|
| 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.

| | | |
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| REFEREE | OSA NO. | SIGNATURE |
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