

THE SCARDESO
UNDER 7 GAME SHEET

TEAM NAMED ON THIS SHEET _____

DATE _____ LOCATION _____ KICK-OFF TIME _____

HOME TEAM _____ GOALS _____

AWAY TEAM _____ GOALS _____

SHIRT #	PLAYER'S NAME - FIRST, LAST	OSA NUMBER	GOALS	CAUTION	EJECTION

Coach	OSA No.	Signature
Assistant	OSA No.	Signature
Assistant	OSA No.	Signature
Manager	OSA No.	Signature

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

Referee	OSA No.	Signature
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_____ Nets/Corner Flags (Please check)