THE SCARDESO

UNDER 9 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**

_____ Nets/Corner Flags (Please check)