

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) _____ Both teams have checked books