



**SCARBOROUGH SOCCER ASSOCIATION
ALBERT CAMPBELL TOURNAMENT/FESTIVAL**

FESTIVAL U8 GAME SHEET

BOYS
 GIRLS
 AGE GROUP: U _____
 KICK OFF TIME: _____
 GAME# _____

DATE: _____ LOCATION: _____

TEAM NAMED ON THIS SHEET: _____

FINAL SCORE

HOME TEAM: _____

AWAY TEAM: _____

	SHIRT #	PLAYER'S	FIRST NAME	LAST NAME	OS NUMBER	GOALS	CARDS Y R	EJECTION
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

MAXIMUM 10 PLAYERS FOR UNDER 8

COACH	OS NO.	SIGNATURE
ASSIST. COACH	OS NO.	SIGNATURE
MANAGER	OS NO.	SIGNATURE
TRAINER	OS NO.	SIGNATURE

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

REFEREE	OS NO.	SIGNATURE
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