# SCARBOROUGH DEVELOPMENT LEAGUE

## UNDER 10 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 |
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| **MAXIMUM 12 PLAYERS** | | | | | |

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|---|---|---|
| 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) _____ Books Checked (Please check)

Referee: Please email completed game sheets to ssa22@bellnet.ca within 24 hours.
SSA phone number: 416-285-8002 during business hours.