

# SCARBOROUGH DEVELOPMENT LEAGUE

## UNDER 11 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

**MAXIMUM 16 PLAYERS**

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.**

<b>Referee</b>	<b>OSA No.</b>	<b>Signature</b>
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\_\_\_\_\_ Nets/Corner Flags (Please check)      \_\_\_\_\_ Books Checked (Please check)

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