MISSISSAUGA INTERNATIONAL TOURNAMENT
MAY 16, 17, & 18 - 2009

GAME SHEET

Boys	Girls	Age Group:	Date:	Game #:
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Kick-off Time: **AM / PM** **Field:**

Home ☐ **FINAL SCORE** **Away** ☐

Home Team: _____ **Away Team:** _____

Shirt Colour: _____ **Shirt Colour:** _____

TEAM NAMED ON THIS FORM: _____ ***** PLEASE PRINT CLEARLY *****

Shirt NO.	PLAYERS FULL NAME Last name first - print or type	RDS NO.	GOALS	CARDS Y	CARDS R	EJECTION

PLAYERS LISTED ON THIS GAME SHEET ARE DEEMED TO HAVE PLAYED - MAXIMUM 18 PLAYERS (YOUTH), 14 PLAYERS (MINI)

Coach: _____ **RDS No:** _____ **Signature:** _____

Asst.Coach: _____ **RDS No:** _____ **Signature:** _____

Manager: _____ **RDS No:** _____ **Signature:** _____

Trainer: _____ **RDS No:** _____ **Signature:** _____

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

TO REFEREE: 1. Please sign the game sheet and attach any misconduct reports.
2. Submit game sheet to the field convenor before leaving the field.

_____ _____

REFEREE NAME **REFEREE SIGNATURE**