	OFFICIAL L	INEUP CARD						)	
REGION	AGE GROUP	TEAM #	DATE		REGION	AGE GROUP	TEAM #	DATE	
TEAM N	IAME 0	PPOSING TEAM			TEAM NA	ME	OPPOSING TEAM		
СОАСН	'S NAME A	SST. COACH'S NAME _			COACH'S	NAME	ASST. COACH'S NAME		
All tea	am players must be listed in orde	r by Jersey #. If abs	ent, indicate	e reason.	All tea	m players must be listed in ord	er by Jersey #. If ab	sent, indicate	reason.
No.	PRINT PLAYERS NAME	Goals Scored	"Qtrs." No 1 2	t Played 3 4	No.	PRINT PLAYERS NAME	Goals Scored	"Qtrs." Not 1 2	Played 3 4
[									
						-			
								-	
									_
								_	
Age Group	Each Half, not to exceed	Duration of th not to ex		Ball Size	Age Group	Each Half, not to exceed	Duration of t not to e		Ball Size
U-19	45 Minutes	90 Minu			U-19	45 Minutes	90 Min		
U-16	40 Minutes	80 Minu 70 Minu		Size 5	U-16	40 Minutes	80 Min		Size 5
U-14 U-12	35 Minutes 30 Minutes	70 Minu 60 Minu			U-14 U-12	35 Minutes 30 Minutes	70 Min 60 Min		
U-10	25 Minutes	50 Mínu		Size 4	U-10	25 Minutes	50 Min		Size 4
U-8	20 Minutes	<u>40 Minu</u>		Size 3	U-8	20 Minutes	<u>40 Min</u>		Size 3
	20 Minutes (10 min recommended)	40 Minutes (20 min	recommende	ed)		0 Minutes (10 min recommended	I)  40 Minutes (20 mir		)
Reorder	#CS002-7			REV 3/04	Reorder #	¢CS002-7			REV 3/04

All AYSO games shall be conducted in accordance with the current FIFA Laws of the Game and decisions of the International Board in effect at a date specified by the area director for his/her area (approximately the time of team formation for a given season), with the exceptions detailed in the AYSO National Rules and Regulations.

## **Referee Game Report**

2<sup>nd</sup> Assistant Referee's Signature:

Reorder #CS002-7

Date		Tir	ne	FieldConditions		Date		Tir	me	
				Visiting Team/Colors		Home Tear	n/Colors			
Haiftime S	core	In	Favor Of	Final Score Winning Team		Haiftime So	core	In	Favor O	f
			Ove	rall Conduct & Sporting Behavior					Ove	erall (
	Excellent	Normal	Poor	Additional comments:			Excellent	Normal	Poor	Add
Players:		D				Players:		D		
Coaches:		D				Coaches:		D		
Spectators	: 🗆	D				Spectators		D		
Referee Na	ame (Print):			Phone/email:		Referee Na	ame (Print):			
1의 AR (Ple	ase Print):			Phone/email:		1≋ AR (Ple	ase Print):			
2r¤ AR (Ple	ease Print):			Phone/email:		2≈ AR (Ple	ase Print):			
		ed repo	ort ma	minary Incident Report y be required – Check with your local Adl ries / Additional Comments: Please include names and pl			e detaile	ed repo		ay be
Signa	tures only	needed	if addi	ional information is included in the Preliminary Incic	dent Report	Signa	tures only	needea	if add	itiona
Referee's	s Signature	ə:				Referee's	Signatur	ə:		
1 <sup>st</sup> Assist	ant Refere	ee's Sian	ature:			1st Assist	ant Refer	ee's Siar	ature.	

All AYSO games shall be conducted in accordance with the current FIFA Laws of the Game and decisions of the International Board in effect at a date specified by the area director for his/her area (approximately the time of team formation for a given season), with the exceptions detailed in the AYSO National Rules and Regulations.

## **Referee Game Report**

				-	
Date		Tir	ne	FieldCo	anditions
Home Tear	n/Colors			Visiting Team/Colors	
Haiftime Score		In	Favor Of	Final Score Wi	inning Team
			Ove	rall Conduct & Sporting Behavior	
	Excellent	Normal	Poor	Additional comments:	
Players:	o i	C			
Coaches:	o i	C			
Spectators		D			
Referee Na	ame (Print):			Phone/email:	
1≊ AR (Ple	ase Print):			Phone/email:	
2≈ AR (Please Print):				Phone/email:	

## nary Incident Report

required - Check with your local Administrator) Additional Comments: Please include names and player numbers.

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ormation is included in the Preliminary Incident Report	Signatures only needed if additional information is included in the Preliminary Incident Report
	Referee's Signature:
	1st Assistant Referee's Signature:

2<sup>nd</sup> Assistant Referee's Signature: \_\_\_\_

Reorder #CS002-7

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