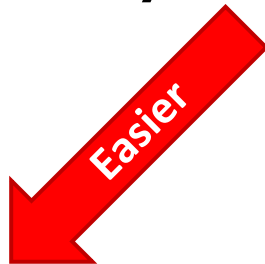


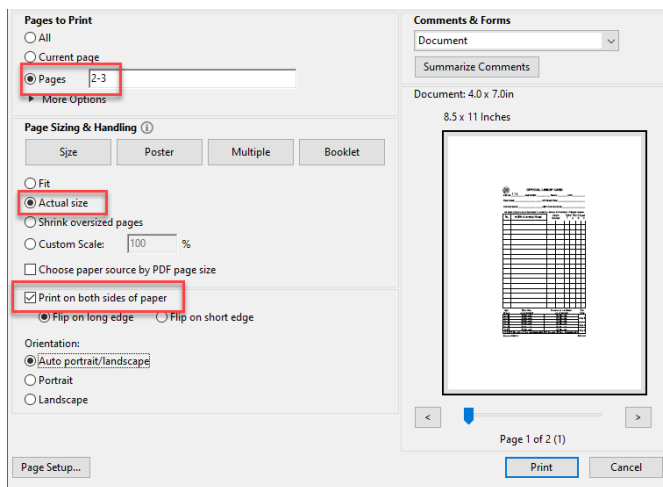


Two Ways to Print This Lineup Card



I have blank cardstock paper:

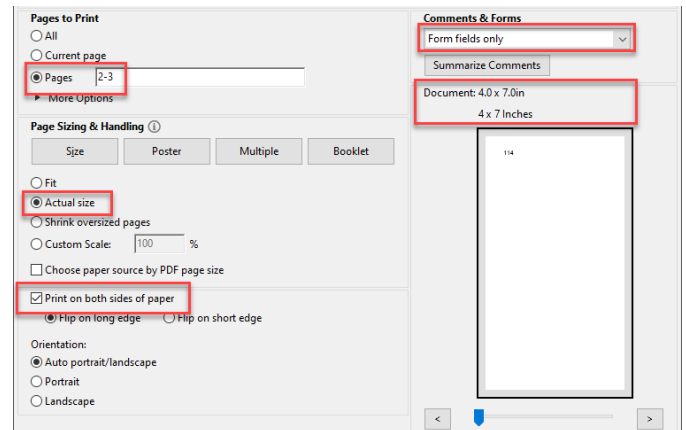
1. Open this PDF in Adobe Acrobat.
2. Fill out the lineup card on page 2, **in jersey order with first names AND last names.**
3. In the Print dialog box, set it to print pages 2 through 3, Actual Size (100%), double-sided.
4. **Must print on thick (cardstock) paper.** After printing, trim your paper down to 4x7”.



I want to print text only on existing AYSO 4x7 Lineup Cards*:

**This template matches Lineup Card Rev 4/04.*

1. Follow steps 1-3 outlined to the left.
2. In the Print dialog box, set Acrobat to print **Form fields only.** (NOTE: Not all versions of Adobe Acrobat support this feature.)
3. Open Printer Properties to set a custom paper size of 4x7”. Manually feed your lineup card into your printer. Good luck!



**Do NOT fill out Quarters Played columns, or anything on the back!
That is for the match official.**



OFFICIAL LINEUP CARD

REGION _____ AGE GROUP _____ TEAM # _____ DATE _____

TEAM NAME _____ OPPOSING TEAM _____

COACH'S NAME _____ ASST. COACH'S NAME _____

All team players must be listed in order by Jersey #. If absent, indicate reason.

No.	PRINT PLAYERS NAME	Goals Scored		"Qtrs." Not Played			
				1	2	3	4

Age Group	Each Half, not to exceed	Duration of the Game, not to exceed	Ball Size
U-19	45 Minutes	90 Minutes	Size 5
U-16	40 Minutes	80 Minutes	
U-14	35 Minutes	70 Minutes	
U-12	30 Minutes	60 Minutes	Size 4
U-10	25 Minutes	50 Minutes	
U-8	20 Minutes	40 Minutes	Size 3
U-6	20 Minutes (10 min recommended)	40 Minutes (20 min recommended)	

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 _____ Time _____ Field _____ Conditions _____
 Home Team/Colors _____ Visiting Team/Colors _____
 Halftime Score _____ In Favor Of _____ Final Score _____ Winning Team _____

Overall Conduct & Sporting Behavior

	Excellent	Normal	Poor	Additional comments:
Players:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Coaches:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spectators:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Referee Name (Print): _____				Phone/email: _____
1 st AR (Please Print): _____				Phone/email: _____
2 nd AR (Please Print): _____				Phone/email: _____

Preliminary Incident Report

(A more detailed report may be required – Check with your local Administrator)

Disciplinary Action / Significant Injuries / Additional Comments: Please include names and player numbers.

Signatures only needed if additional information is included in the Preliminary Incident Report

Referee's Signature: _____
 1st Assistant Referee's Signature: _____
 2nd Assistant Referee's Signature: _____