## **Game Card Instructions**

All game cards must be turned into the support/ref tent by field 8 the day of, or in the drop box (west end of container) within 24 hrs. Email/text the RRA with photos of game card if there is any misconduct, injury, or incidents. Additionally, complete a match report in MatchTrak.

Ensure date, division (U10G) and coach name	OFFICIAL LINEUP CARD PEGION 1 AGE GROUP UIOG TEAM & GOY DATE 9/17/16 TEAM NAME SHAYKS OPPOSING TEAM 610 COACH'S NAME JONES ASST COACH'S NAME SMITH All team players must be listed in order by Jersey #. If absent, indicate reason.	All AYSO games shall be conducted in accordance with the current FIFA Laws or 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. <b>Referee Game Report</b> Date 5/11/2019 Time 5.50 Field MONTRE conditions 900 d Home Team/Colors Yellow L. B. Visiting Team/Colors BURE PICO	Most important
	No.     PRINT PLAYERS NAME     Goals Scored     "Otrs." Not Played 1 2 3 4       1 V. LUCY SMITH     X     G       2 V. PATTYJONES     X       3 V. MARY CLARK     X       4 V. MARIA DIAZ     TX       5 V. CLAIRE BROWN     X       6 V. BETH KAY     X       7 V.SUE V.HITE     X	Huittime Score 2-1       In Favor Of LiB. Final Score 4-1       Woning Team       Long         Overall Conduct & Sporting Behavior       Beach         Excellent       Normal       Poor       Additional comments:       Y e VoW         Players:       0       0       0       0         Coatches:       0       0       0       0         Spectators:       0       0       0       0         Referee Name (Print):       0       0       0       0         Referee Name (Print):       0       0       0       0         Participande       0       0       0       0         Prone/email:       1* AR (Please Print):       0       0       0         Prone/email:       0       0       0       0         Preliminary Incident Report       (A more detailed report may be required – Check with your local Administrator)	<i>section!</i> Print names here
A = absent I = injured G = goalkeeper X = substitute	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Disciplinary Action / Significant Injuries / Additional Comments. Please include names and player numbers. CAUTION IJSVED TO #9 ON LONIG BEACH FOR FAILUNG TO AESPECT THE REQUIRED DUTANCE WHEN PUY WAS RESTARTED WITH A THROW FN. + SCORE WAS 2-1 LONG BEACH IN THE 92 MINUTE	Only fill out and sign if incident, serious injury, caution, or sendoff
Helpful reminders down here!	Age         Each Half.         Duration of the Game.         Ball           Broup         not to exceed         not to exceed         Size           U-19         45 Minutes         90 Minutes         Size           U-16         40 Minutes         80 Minutes         Size           U-14         35 Minutes         70 Minutes         Size           U-12         30 Minutes         60 Minutes         Size 4           U-10         25 Minutes         50 Minutes         Size 3           U-8         20 Minutes         40 Minutes (20 min recommended)         Size 3           U-6         20 Minutes (10 min recommended) 40 Minutes (20 min recommended)         Size 3           Revisit##CS002-7         REv 3/04	Signatures only needed if additional information is included in the Preliminary Incident Report Referee's Signature: Darren Proven 1* Assistant Referee's Signature: Ming Lao 2* Assistant Referee's Signature: Antonio Morales Reorder #CS004-7 REV 4/04	

For more resources, visit the Referee Mentoring page at www.ayso114.org