

OFFICIAL LINEUP CARD

REGION AGE GRO	DUPTEAM # 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 Pla 1 2 3			yed 4

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

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COACH'S NAME		_ ASST. COACH'S NAME	

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							-

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U-19	45 Minutes	90 Minutes	
U-16	40 Minutes	80 Minutes	Size 5
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U-10	25 Minutes	50 Minutes	Size 4
U-8	20 Minutes	40 Minutes	
U-6	20 Minutes (10 min recommended)	40 Minutes (20 min recommended)	Size 3

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COACH'S NAME

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REGION	AGE GROUP	TEAM # _	DATE	
TEAM NAME		OPPOSING TEAM _		

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

ASST, COACH'S NAME

No.	PRINT PLAYERS NAME	Goals "Qtrs." Not Player Scored 1 2 3						
110.	FRINT FLATERS NAME	Sco	ored	∥ 1 2 3				
				_				
				-			_	
							_	

Age Group	Each Half, not to exceed	Duration of the Game, not to exceed	Ball Size
U-19	45 Minutes	90 Minutes	
U-16	40 Minutes	80 Minutes	Size 5
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U-12	30 Minutes	60 Minutes	Size 4
U-10	25 Minutes	50 Minutes	Size 4
U-8	20 Minutes	40 Minutes	0: 0
11-6	20 Minutes (10 min recommended)	40 Minutes (20 min recommended)	Size 3

REGION

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REGION	_ AGE GROUP	TEAM #	DATE
TEAM NAME		OPPOSING TEAM	
COACH'S NAME		ASST, COACH'S NAME	

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No.	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	Ba∎ Size
	U-19	45 Minutes	90 Minutes	
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U-10 25 Minutes		25 Minutes	50 Minutes	Size 4
	U-8	20 Minutes	40 Minutes	Size 3
	U-6	20 Minutes (10 min recommended)	40 Minutes (20 min recommended)	Size 3

U-6 20 Minutes (10 min recommended) 40 Minutes (20 min recommended) SEV 4/04

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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	TimeFieldConditions
Home Team/Colors	Visiting Team/Colors
Halftime Score	_ h Favor Of Final Score Winning Team
Excellent Non	Overall Conduct & Sporting Behavior mal Poor Additional comments:
Players:	
Coaches:	ı
Spectators:	·
Referee Name (Print):	Phone/email:
14 AR (Please Print):	Phone/email:Phone/email:
2rd AR (Please Print):	
	Preliminary Incident Report eport may be required – Check with your local Administrator)
Disciplinary Action / Sig	nificant Injuries / Additional Comments: Please include names and player numbers.
	ded if additional information is included in the Preliminary Incident Report
Referee's Signature:	- Cinashuu.
1st Assistant Referee's : 2nd Assistant Referee's	
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exception	oproximately the time of team formation for a given season), with the ons detailed in the AYSO National Rules and Regulations.
Date	Referee Game Report _Time Field Conditions
Home Team/Colors	Visiting Team/Colors
Halftime Score	h Favor OfFinal ScoreWinning Team
	Overall Conduct & Sporting Behavior
Excellent Non	maj Poor Additionaj comments:
Players:	
Coaches:	
Spectators:	
Referee Name (Print):	Phone/email: Phone/email:
I≈ AR (Please Print): 2rd AR (Please Print):	Phone/email: Phone/email:
- Art (Floude Frint).	Preliminary Incident Report
	eport may be required – Check with your local Administrator)
Disciplinary Action / Sig	nificant Injuries / Additional Comments: Please include names and player numbers.
Signatures only nee	ded if additional information is included in the Preliminary Incident Report
Referee's Signature:	
Referee's Signature: I st Assistant Referee's :	Signature:
Referee's Signature:	Signature:

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 expectation of the standard population of the condition of the standard population.

exc	eptions d		the AYSO National		d Regulations.
		Refe	ree Game F	-	
Date	Time		Field		_ Conditions
Home Team/Colors			Visiting Team		
Halftime Score	In Fa	vor Of	Final Score		Winning Team
		Overall	Conduct & Sporting	Behavior	
Excellent	Normal	Poor Add	itional comments:		
Players:					
Coaches:					
Spectators:	_				
Referee Name (Print):	_			hone/email:	
1st AR (Please Print):			P	hone/email:	
2nd AR (Please Print):			P	hone/email:	
Disciplinary Action	ed report	nt Injuries /	Additional Comments:	ck with y Please incli	ort our local Administrator) ude names and player numbers.
1st Assistant Refere	ee's Signal	ture:			
2 nd Assistant Refer					
Reorder #CS004-7					REV 4/04
and decisions for his/her are	of the Inte	ernational imately the letailed in	Board in effect at a e time of team forn the AYSO National	a date spe nation for l Rules and	rent FIFA Laws of the Game cified by the area director a given season), with the d Regulations.
		Refe	ree Game R	leport	
Date	Time		Field		_ Conditions
Home Team/Colors			Visiting Team	/Colors	
Halftime Score	In Fa	vor Of	Final Score _		Winning Team
			Conduct & Sporting		
E	Norma'			, <i></i> c./avi01	
Excellent			itional comments:		
Players:	_				
Coaches:					
Spectators:					
Referee Name (Print):			P	hone/email:	
1≝ AR (Please Print):			P	hone/email:	
2nd AR (Please Print):			P	hone/email:	
	ed repor	t may be		ck with y	ort our local Administrator) ude names and player numbers.

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

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Referee's Signature:______

1st Assistant Referee's Signature: _____

2nd Assistant Referee's Signature: _____

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