This area must be filled out by the coach.

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 PLAYER NAME	Goals Scored	"Qtrs." Not Played 1	2	3	4
		Goals scored go HERE... Keep track of the goals by player, per half				

Keep track of subs per quarter here.

If a player goes of for injury, write INJ on the quarter it happened

If the players are not in number order, let the coach know next time they need to be in number order.

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

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This area must be filled out by each A.R.

All AYSO games shall be conducted in accordance with the current 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:	❑	❑	❑	_____
Coaches:	❑	❑	❑	_____
Spectators:	❑	❑	❑	_____

This is where each referee enters their name and team they're referring for. No need to enter your phone#.

Referee Name (Print): _____ Phone/email: _____

1st AR (Please Print): _____ Phone/email: _____

2nd 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.

Fill this out for anything that needs to be reported outside the normal game conduct.

For any injuries, the coach has to fill out a Player Incident Report.

For any send offs or cautions, the referee needs to fill out a Referee Report with more detail

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: _____

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