

AYSO Region 129 –How to Fill in the Game Card

To be filled in by the Coach

Official Lineup Form



Region 9 Div: BU ___ GU ___ Team # ___
 Team Name: _____
 Team Colors: _____
 Coach: _____
 Asst Coach: _____

#	PRINT PLAYER'S NAME	GOALS SCORED	Qtrs Played			
			1	2	3	4

Coaches: List players in **Uniform Number** order. All players must be listed, even if absent. List reason for absence. Fill out date, game time and field.
 Date: ___/___/___ Game Time: _____ Field # _____

Halftime Score: _____ In favor of Team # _____
 Final Score: _____ Winning Tm #: _____ Losing Tm #: _____

Print legibly!!

Official Lineup Form



Region 9 Div: BU 10 GU 10 Team # 12
 Team Name: Pink Pinnies
 Team Colors: pink, white
 Coach: A. Smith
 Asst Coach: B. Jones

#	PRINT PLAYER'S NAME	GOALS SCORED	Qtrs Played			
			1	2	3	4
1	Mary Smith			X		
2	Linda Jones				X	
3	Pea Arthur		X			
4	Elke Sommer	11				
5	Evelyn Benker				X	
6	Jane Alyson					X
7	Becky Thacker					X
8	Mia Hamm					
9	Bridgette Brewer		G	G	G	G
10	Barbara Wilkes					X

Names in jersey number order

... by the Referee

"X" = out for the period

Check that BOTH cards agree!

Coaches: List players in **Uniform Number** order. All players must be listed, even if absent. List reason for absence. Fill out date, game time and field.
 Date: 9/19/07 Game Time: 11:00pm Field # 9

Halftime Score: 2-3 In favor of Team # 13
 Final Score: 4-3 Winning Tm #: 12 Losing Tm #: 13

Referees: don't forget side 2!

GAME INFORMATION FOR REGION 9 129

Division	Length of Each Half	Ball Size	Min. Playing Time
U7, U8	20 Min.	3	3/4 Game
U10	25 Min.	4	3/4 Game
U12	30 Min.	4	3/4 Game
U14	35 Min.	5	1/2 Game
U16	40 Min.	5	1/2 Game
U19	45 Min.	5	1/2 Game

Half time is 5 to 10 minutes for all divisions.

REFEREE'S REPORT

Conduct of:

	Excellent	Normal	Poor
Coaches:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Players:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spectators:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disciplinary Action Taken: _____

Additional Comments: _____

PRINT Name and Team Number Below.

CR Name: _____ Tm # _____

AR Name: _____ Tm # _____

AR Name: _____ Tm # _____

RETURN CARDS TO REFEREE TENT AFTER GAME.

GAME INFORMATION FOR REGION 9 129

Division	Length of Each Half	Ball Size	Min. Playing Time
U7, U8	20 Min.	3	3/4 Game
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U12	30 Min.	4	3/4 Game
U14	35 Min.	5	1/2 Game
U16	40 Min.	5	1/2 Game
U19	45 Min.	5	1/2 Game

Half time is 5 to 10 minutes for all divisions.

Let us know!!!

REFEREE'S REPORT

Conduct of:

	Excellent	Normal	Poor
Coaches:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Players:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spectators:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Disciplinary Action Taken: None

Additional Comments: parent in team U12 was very disruptive; coach handled very well; player #9 did great game

Cautions & Send-offs

Positive AND Negative!

Print your name & Team # (e.g. U10B12)

PRINT Name and Team Number Below.

CR Name: C. McPhee Tm # U19

AR Name: M. Wilson Tm # U10B12

AR Name: B. Tobin Tm # U10B13

RETURN CARDS TO REFEREE TENT AFTER GAME.

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