GENERAL SHERMAN CLASSIC

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)	

Reorder #CS002-7 REV 3/04

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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 _____ 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:	❑	❑	❑	_____

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.

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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Coaches:	❑	❑	❑	_____
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Referee's Signature:_____

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2nd Assistant Referee's Signature: _____

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