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Note: This form m	nust be prepared by a Time Monitor		ι	J16U	119 Ti	me N				namei d	nt									<b>H</b> U	sú:)		
Coach:		Te	eam Na	me/Nu	ımber:												Region#:						
	ı	BU:				_	Date:			Game Time:					Field#:								
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	(print name)		-							(sign r		•				-							
By signing this tin	ne card I certify that I am not assoc	iated with this	team. I	will tu	rn in th	is time	card to	o the to	ournan	nent off	icial	s imm	ediatel	y follov	ving th	ne gam	e.						

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By signing	this time card I certify that I am not associated	with this	team. I	will tu	rn in th	nis time	ecard t	o the to	ournam	nent off	ficia	ls imm	ediatel	y follo	wing th	ne gam	e.					