OFFICIAL LINEUP CARD

Camarillo Region 68

REGION _____ DIVISION _____ 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	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	
U-8	20 Minutes	40 Minutes	Size 3
U-7	20 Minutes	40 Minutes	

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) _____

1st AR (Print) _____

2nd AR (Print) _____

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 needed only if filing Preliminary Incident Report

Referee's Signature: _____

1st AR Signature: _____

2nd AR Signature: _____