

# **OFFICIAL LINEUP CARD**

REGION TEAM NAME

AGE GROUP \_\_\_\_\_ TEAM # \_\_\_\_ OPPOSING TEAM

DATE

COACH'S NAME

ASST. COACH'S NAME \_\_\_\_

No.	PRINT PLAYERS NAME	Goals Scored		"Qtı 1	trs." Not Played 2 3 4			
				_				
				-				
				_				
Age	Each Half,		tion of t				Bal	

Age Group	Each Half, not to exceed	Duration of the Game, not to exceed	Ball Size
U-19	45 Minutes	90 Minutes	
U-16	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	Size 4
U-8	20 Minutes	40 Minutes	Size 3
U-6	20 Minutes (10 min recommended)	40 Minutes (20 min recommended)	Size 3

Reorder #CS004-7

REV 4/04



# OFFICIAL LINEUP CARD

REGION

AGE GROUP TEAM # DATE

#### \_\_\_ OPPOSING TEAM \_\_\_\_ TEAM NAME 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	Go	oals ored	"Qtr 1	s." No 2	ot Pla 3	ayed 4
Aae	Each Half.	Dura	tion of th	e Gan	ne.	I	Ball
Age Group	Each Half, not to exceed		tion of th		,		Size

45 Minutes	90 Minutes
40 Minutes	80 Minut <del>es</del>
35 Minutes	80 Minutes 70 Minutes
30 Minutes	60 Minutes
25 Minutes	50 Minutes
20 Minutes	40 Minutes
20 Minutes (10 min recommended)	40 Minutes (20 min recommended)
	40 Minutes 35 Minutes 30 Minutes 25 Minutes

Size 4 Size 3

http://www.get



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AGE GROUP TEAM # DATE

TEAM NAME OPPOSING TEAM

ASST. COACH'S NAME \_\_\_\_ COACH'S NAME

No.	PRINT PLAYERS NAME	Goals Scored	"Qtrs." No 1 2	"Qtrs." Not Played 1 2 3 4			
۹۵۵	Each Half	Duration of	the Game	Ball			

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TEAM #

DATE

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Age	Each Half,	Dura	tion of the	e Gan	ne,		Ball	

Size	not to exceed	not to exceed	Group
	90 Minutes	45 Minutes	U-19
Size 5	80 Minutes	40 Minutes 15.012 35 Minutes	<b>U-16</b>
	70 Minutes	115.01g 35 Minutes	0-14
Size 4	60 Minutes	30 Minutes	U-12
Size 4	50 Minutes	25 Minutes	U-10
Size 3	40 Minutes	20 Minutes	U-8
3128 3	40 Minutes (20 min recommended)	20 Minutes (10 min recommended)	U-6

Reorder #CS004-7

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		Tin	ne	FieldConditions
Home Team/Colors				Visiting Team/Colors
Halftime Score		In Favor Of		Final Score Winning Team
			Ove	rall Conduct & Sporting Behavior
	Excellent	Normal	Poor	Additional comments:
Players:				
Coaches:				
Spectators	: 0			
Referee Name (Print):				Phone/email:
1≈ AR (Please Print):				Phone/email:
2nd AR (Ple	ease 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:
Beorder #CS004-7 BEV 4/04

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#### Referee Game Report

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 Na	ame (Print):			Phone/email:				
1≓ AR (Ple	ase Print):			Phone/email:				
2nd AR (Ple	ease Print):			Phone/email:				

### **Preliminary Incident Report**

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#### Referee Game Report

Date Tin		ne	Field	Conditions	
Home Tea	m/Colors			Visiting Team/Colors	
Halftime Score In Fa		Favor Of	Final Score	Winning Team	
			Ove	erall Conduct & Sporting Behavi	or
	Excellent	Normal	Poor	Additional comments:	
Players:					
Coaches:					
Spectators	s: 🗅				
Referee N	ame (Print):			Phone/emai	l:
1¤ AR (Ple	ease Print):			Phone/email	1:
2nd AR (Ple	ease Print):			Phone/emai	1:

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Signatures only needed if additional information is included in the Preliminary Incident Report
Referee's Signature:
1st Assistant Referee's Signature:
2 <sup>nd</sup> Assistant Referee's Signature:
Reorder #CS004-7 REV 4/04

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Date		Tir	ne	Field	Conditions		
Home Team/Colors				Visiting Team/Colors			
Halftime So	Halftime Score		Favor Of	Final Score	Winning Team		
Overall Conduct & Sporting Behavior							
	Excellent	Normal	Poor	Additional comments:			
Players:							
Coaches:							
Spectators:							
Referee Na	Referee Name (Print):			Phone/email:			
1# AR (Please Print):				Phone/email:			
2nd AR (Please Print):				Phone/email:			

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Get more from http://www.getforms.org Signatures only needed if additional information is included in the Preliminary Incident Report

Referee's Signature:	
1st Assistant Referee's Signature:	
2 <sup>nd</sup> Assistant Referee's Signature:	
Reorder #CS004-7	REV 4/0