GAME REPORT

CLUB:_____

COACH:_____ MANAGER_____

>LIST ONLY THOSE PLAYERS IN ATTENDANCE<

	PASS NO. (NUMBER ONLY)	PLAYER'S NAME LAST NAME	FIRST INITIAL	JERSEY NO.	PASSES CHECKED	GOAL	CAUT YELLOW CARD	EJEC RED CARD
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								

MAX PLAYERS: U9U/10U-12, 11U/12U-16, 13U & UP-22

PLAYERS WITHOUT PASSES ARE NOT PERMITTED TO PLAY!!

PLAYER PASSES CHECKED: PAID TO REF(S):

REFEREE NAME:_____

REFEREE PHONE:_____

DATE:_____ **DAY:**_____ **FIELD:**_____

GAME #:_____ **TIME:**_____

HOME:_____ **VISITOR:**_____

THIE SECTION ABOVE MUST BE COMPLETED BY COACH/MANAGER PRIOR TO GAME

	1st HALF	2nd HALF	FINAL
SCORE: HOME:	_____	_____	_____
VISITOR:	_____	_____	_____

CAUTIONS:

NAME:_____ TEAM:_____

REASON:_____

NAME:_____ TEAM:_____

REASON:_____

NAME:_____ TEAM:_____

REASON:_____

EJECTIONS:

NAME:_____ TEAM:_____

REASON:_____

NAME:_____ TEAM:_____

REASON:_____

If additional information is required, please write on back or attach another sheet

REFEREE FEE SCHEDULE & PLAYING TIME

AGE	FULL CREW BREAKDOWN	FULL CREW PER TEAM	1 OFFICIAL PER TEAM	2 OFFICIALS PER TEAM	PLAYING TIME
9/10U	$34	$17	$17	n/a	2x25min
11/12U	$38	$19	$19	n/a	2x30min
13/14U	44-22-22	$44	$22	$33	2x35min
15/16U	44-22-22	$44	$22	$33	2x40min
17U & UP	44-25-25	$47	$25	$35	2x45min

Winning Team, or in case of a tie, the Home team, is responsible for:

1. Recording game scores at http://skit.site.infoquest.com/oysan/HomePageOYSAN.aspx
2. Mailing all paperwork to: OHIO NORTH
   6650 W. Snowville Rd. Ste Y
   Brecksville, OH 44141

3/27/2017