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OFFICIAL LINEUP CARD

REGION _	AGE GROUP	TEAN	DA					
TEAM NA	ME OI	PPOSING TEA	AM					
	NAME AS							
All tean	n players must be listed in orde		#. If abs					
No.	PRINT PLAYERS NAME	Sco	1	s. No	3 3	Played 3 4		
-								
Age	Each Half,	Dura	tion of th	o Gon			Ball	
Group	not to exceed		not to ex		ie,		Size	
U-19	45 Minutes		90 Minu					
U-16	40 Minutes		80 Minu			S	ize 5	
U-14	35 Minutes		70 Minu					
U-12	30 Minutes		60 Minu				ize 4	
U-10	25 Minutes		50 Minu			_		
U-8	20 Minutes	40 145	40 Minu			S	ize 3	
U-6 20	Minutes (10 min recommended)	40 Minutes	(20 min	recom	mend	ea)		

Reorder #CS004-7 REV 4/04



OFFICIAL LINEUP CARD

AGE GROUP _____ TEAM # ____ DATE __

TEAM NAME O		PPOSING TEA	AM				
COACH'S NAME A		SST. COACH'S	NAME _				
All te	am players must be listed in orde	r by Jersey	#. If abs	ent, ir	ndicate	rea	son.
No.	PRINT PLAYERS NAME	Go Sco	"Qtrs." Not Played 1 2 3 4				
Age Group	Each Half, not to exceed		tion of the		ne,		Ball Size
U-19	45 Minutes		90 Minu	tes			
U-16 U-14	40 Minutes 35 Minutes	80 Minutes Six					size 5
U-12	30 Minutes		60 Minu				ize 4
U-10	25 Minutes		50 Minu			+3	1120 4
U-8 U-6	20 Minutes 20 Minutes (10 min recommended)	40 Minutes	40 Minu (20 min		mende	d) S	ize 3
Reorde	r #CS004-7					RE	V 4/04

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	Field		Conditions
Home Team/Colors						
Halftime Score In Favor Of_				-		
				erall Conduct & Sp		-
	Excellent	Normal	Poor	Additional comments	-	oi .
Players:			001	Additional comments	••	
Coaches:		_	_			
Spectators		_	_			
		_			Phone/emai	il:
1st AR (Please Print):						
						il:
E : All (FI	oaso i mit).			minary Inc		
Discipl	inary Action	n / Signific	ant Inju	ries / Additional Com	nments: Please in	clude names and player numbers.
Signa	atures only	needed	if addi	tional information is	s included in the	e Preliminary Incident Report
Referee'	s Signatur	e:				
1st Assis	tant Refer	ee's Sign	ature:			
2 nd Assis	stant Refer	ee's Sigr	nature:			
Reorder	#CS004-7	,				REV 4/04

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 Tea	n/Colors			Visiting Team/Colors
		In	Favor Of	Final Score Winning Team
				rall Conduct & Sporting Behavior
	Excellent	Normal	Poor	Additional comments:
Players:				
Coaches:				
Spectators	: 🗅			
Referee N	ame (Print):			Phone/email:
				Phone/email:
				Phone/email:
	,			minary Incident Report
		ed repo	ort ma	y be required – Check with your local Administrator) ries / Additional Comments: Please include names and player numbers.
Signa	tures only	needed /	if addit	tional information is included in the Preliminary Incident Report
Referee's	Signatur	e:		
1st Assist	ant Refer	ee's Sign	nature:	
2 nd Assis	tant Refe	ree's Sigi	nature:	
	#CS004-7			REV 4/04