## **Lakeland District Soccer Association Game Sheet**

Scan and Email to: execdir@lakelandsoccer.ca

☐ Boys	☐ Girls ☐ Coed ☐ Tier 4 ☐	Tier 2/3 Age:	Date:	
Field:			Game Time:	
This shee	t is for the: $\square$ Home Team $\square$ A	way Team	_	
Home Team:			Final Score	
Away Tea	m:		Final Score	
Jersey No	Name of Player (First & Last)	Cards Given Y Y R	Referee Gam THIS IS NOT A MISCO Weather: Field Condition: Team Sportsmanship: Emergency/EMS Respon On Time?  Yes  No No Show Team Name: Yellow Cards Jersey# Com	nent
(Please Print) COACH (name & #)			(Please Print) REFEREE	
COACH SIGNATURE			REFEREE TELEPHONE	
ASST COACH #1			ASSISTANT REFEREE	
ASST COACH#2			ASSISTANT REFEREE	
MANAGER			FIELD MARSHALL	