



TRI-COUNTY GAMESHEET

HOME REFEREE: EMAIL RESULTS INCLUDING GAME NUMBER TO:
competitions@tricounty.soccer

Age Group: U11 U13 U15 U17 U19 Gender: Girls / Boys Game Number: _____

Date: _____ Time: _____ Field: _____

HOME
TEAM _____

VISITING
TEAM _____

Jersey	Card #	Player Name (Please print legibly)	Scores/Cards

Game sheet of (team name): _____ Jersey Colour: _____

Team Official (Print)

Team Official (Sign)

Telephone

PARENT/REFEREE LIAISON: _____
Game will not proceed without a Referee Liaison (Cannot be a Team Official)

Referee (Print)

Assistant Referee (print)

Assistant Referee (print)

All yellow or red card infractions are to be reported to the league via email to:
discipline@tricounty.soccer – Please include the game number with your report