

OFFICIAL LINEUP CARD

REGION	_ AGE GROUP	TEAM #	DATE
	_		
TEAM NAME		OPPOSING TEAM	
COACH'S NAME		SST. COACH'S NAME	

All team players must be listed in order by Jersey #. If absent, indicate reason.

No.	PRINT PLAYER NAME	Goals Scored		"Qtrs." Not Playe			

Age Group	Each Half, not to exceed	Duration of the Game, not to exceed	Ball Size
19U	45 Minutes	90 Minutes	Size 5
15U	35 Minutes	70 Minutes	Size 5
12U	30 Minutes	60 Minutes	Size 4
10U	25 Minutes	50 Minutes	Size 4
8U	20 Minutes	40 Minutes	Size 3
6U	10 Minutes	20 Minutes	3126 3

REV 7/19

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COACH'S NAME		ASST. COACH'S NAME	

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8U	20 Minutes	40 Minutes	Size 3
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All AYSO games shall be conducted in accordance with the current 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

Home Team/C	olors			Visiting Team/Colors
Halftime Score	e	In	Favor Of	Final Score Winning Team
			Ove	rall Conduct & Sporting Behavior
E	vcellent	Normal	Poor	Additional comments:
			- OO	Additional comments.
Players:	_			
Coaches:				
Spectators:				
Referee Name	(Print):			Phone/email:
1st AR (Please	Print):			Phone/email:
2nd AR (Please	e Print):			Phone/email:
)ralii	minary Incident Report
(A more	detail			y be required – Check with your local Administrator)
		-		ries / Additional Comments: Please include names and player numbers.
	,			
Signatur	oc only	, noodod	if addi	tional information is included in the Preliminary Incident Report
-	-		ii auuii	ional illiornation is included in the Freilininary incluent Report
Referee's Si				
1st Assistant	t Refer	ee's Sign	ature:	
2 nd Assistan	t Refer	ee's Sigr	nature:	
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	n/Colors			Visiting Team/Colors	
alftime S	ore	In		Final Score	_ Winning Team
			Ove	rall Conduct & Sporting Behavior	
	Excellent	Normal	Poor	Additional comments:	
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		-		y be required – Check with your ies / Additional Comments: Please inclu	
Signa	tures only	needed	if addi	ional information is included in the F	Preliminary Incident Report
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Date		Time		Field (Conditions		
Home Team/ColorsVisiting Team/Colors							
Halftime S	ore	In I	avor Of	Final Score \	Winning Team		
Overall Conduct & Sporting Behavior							
	Excellent	Normal	Poor	Additional comments:			
Players:							
Coaches:							
Spectators	: 🗆						
Referee Na	me (Print):			Phone/email:			
1st AR (Ple			Phone/email:				
2nd AR (Please 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

1st Assistant Referee's Signature: _ 2nd Assistant Referee's Signature: _