U-8/U-10 PETAWAWA MINOR SOCCER CLUB OFFICAL GAME REPORT 2010

Each Team Coach Completes TWO Copies

Referee signs all 4 copies at completion of match, **Coaches** keep one copy of your game sheet and the other is kept by the Referee.

Game Information: **Field #** _____ **Time:** _____ **Date:** _____

Location: _____ **Division:** _____

Home Team: _____ **Away Team:** _____

HOME AWAY (Circle One) Final Score: Home: _____ Away: _____

Referees & Coaches games are to be played with a size 3 for U-8 and size 4 Ball for U-10
U-8 2 / 15 Minute Halves, U-10 2 / 20 Minute Halves, 5 minutes half-time intervals

Shirt #	PLAYER NAME	OSA REG NO.	GOALS

Coach's Name & OSA No#: (Please Print) _____ Signature: _____

REFEREE INSTRUCTIONS (PRINT SO WE CAN IDENTIFY YOU) THEN SIGN.
Provide all game sheets, special incident reports etc to your club head referee immediately after game.

Print Referee's Name		**Referee's OSA # (MANDATORY)**	
Referee's Signature			
Assistant Referees			
Assistant Referees			

CLUB INSTRUCTIONS-HEAD REF (responsibilities)

(1) Game sheet: Errors corrected by the person who made the error.
(2) Mail to: PMSC Mail box, 16 Civic Centre rd, Petawawa, ON K8H 3H5