



CALIFORNIA SOCCER LEAGUE, INC. ADULT DIVISION
5735 E. OLYMPIC BLVD. LOS ANGELES, CA 90022 TEL. (323) 728-9178

Team _____ Division _____ Date _____
 Opponent _____ Scheduled Starting Time _____
 Field _____ Referee _____
 Team Captain _____ Jersey # _____ Manager/Coach _____

Player's Name (Please Print)	Player's Signature (Please Print)	Jersey No.	I.D. No.	Goals
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				

Report _____

Coach Signature _____

-----THIS ENTIRE SECTION IS FOR THE REFERRE'S USE ONLY -----

FINAL SCORE _____ () ACTUAL STARTING TIME _____
 _____ ()

Was an injury reported to you? Yes ___ No ___ If yes, state the name of injured players on the back page and make certain to file a separate report with the California Soccer League, Inc.

Referee's Signature _____ DATE _____