



CALIFORNIA SOCCER LEAGUE, INC. YOUTH DIVISION
5735 E. OLYMPIC BLVD. LOS ANGELES, CA 90022 TEL. (323) 728-5145

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.				
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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 _____