



SHERWOOD PARK DISTRICT SOCCER ASSOCIATION GAME SHEET



**REFEREE IS RESPONSIBLE TO ENSURE THAT GAME SHEETS ARE DROPPED OFF OR FAXED TO 780.464.5821
OR EMAILED TO office@spdsa.net BY THE NEXT BUSINESS DAY AFTER THE GAME
GAMES PLAYED IN ST ALBERT - HOME TEAM IS RESPONSIBLE TO FAX/EMAIL GAME SHEETS TO SASA**

Game Sheet of (Team Name):					
Original Date:		Time:		Field:	
<i>If applicable</i> Rescheduled Date:		Time:		Field:	
Age Category: U10 U12 U14 U16 U18	U-	Gender: Girls/Boys		Division/Group/Tier:	

Home Team:		Score:		Away Team:		Score:	
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Coach		Card # (IF APPLICABLE)		Coach or Manager's Signature: (Sign prior to start of game)		
Coach		Card # (IF APPLICABLE)				
Bench Parent/Mgr		Card # (IF APPLICABLE)				
Ref Liaison	(Mandatory)					
	Player's Full Name (no initials)				Infractions	
Jersey #	First Name	Last Name	Player Card #	Goals	Yellow Card	Red Card
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
	TRIALIST (print name here)		TRIALISTS MUST BE currently registered and from an age group lower. TI, TII, TIII & U10 Dev Players cannot be used as Trialists			
	TRIALIST (print name here)					
	TRIALIST (print name here)					

Referee is required to send any red card reports to the SPDSA Office within 24 hours of the game.

Middle Ref PRINT: _____

Fax reports to 780.464.5821
Email: office@spdsa.net

A/R #1: _____ **A/R #2 :** _____