METRO EDMONTON HIGH SCHOOL ATHLETIC ASSOCIATION

SOCCER LEAGUE
OFFI CI AL SCORESHEET

Date: _____ **Referee:** _____

Venue: _____ **Final Score:** _____**for**_____
School

Team Roster for: _____ **Home/ Visitor** (Circle one)

Player No.	Player Name	Scoring		Cards
		1st	2nd	

Coach:

Comments:

WINNING TEAM TO CALL RESULTS TO: METRO OFFICE: 989 – 3005 PUBLICIST 378 – 0181

WINNING TEAM TO FAX BOTH SCORESHEETS TO METRO OFFICE FAX: 437 - 7480