Robbie Soccer Festival

UNDER 9 GAME SHEET

TEAM NAMED ON THIS SHEET _____

☐ **BOYS** ☐ **GIRLS** **KICK-OFF TIME** _____

DATE _____ **LOCATION** _____

HOME TEAM _____

AWAY TEAM _____

SHIRT #	PLAYER'S NAME - FIRST, LAST	OSA NUMBER	GOALS	CAUTION	EJECTION
MAXIMUM 12 PLAYERS					

Coach	OSA No.	Signature
Assistant	OSA No.	Signature
Assistant	OSA No.	Signature
Manager	OSA No.	Signature

ONLY THE ABOVE PLAYERS & TEAM OFFICIALS MAY SIT ON THE TEAM'S BENCH.

Referee **OSA No.** **Signature**