

PLANO YOUTH SOCCER COMPETITIVE GAME REPORT

Please mail/Fax the Completed form to your LEAGUE DIRECTOR

Game Info:

Game # _____

Team name: _____

Opponents name: _____

Age Group Boys Girls

Referee: _____

Game Date _____

AR: _____

Game Time _____

AR: _____

Game Field _____

Score: Your Team's _____ Opponent's Team _____

There is to be **no crossing the field** before, at half time, or after the game.

TRASH – It is Your responsibility! Pick it up – that includes “Tape”. If you notice trash when you get to your bench please notify a league official.

NO DOG RULE-No dogs are allowed around the fields. Please ask your parents NOT to bring their dogs to the field.

NO SMOKING on or around the player field or spectator area.

\$25 (Payable before the next game) for violation of the above rules.

CARDS ISSUED IN GAME

Jersey #	Your Team Player's Name	Card Color (Yellow/Red)	Jersey #	Your Opponent Player's Name	Card Color (Yellow/Red)
_____	_____	Y R	_____	_____	Y R
_____	_____	Y R	_____	_____	Y R
_____	_____	Y R	_____	_____	Y R
_____	_____	Y R	_____	_____	Y R
_____	_____	Y R	_____	_____	Y R
_____	_____	Y R	_____	_____	Y R

Coach's Signature _____ Date ____/____/____

Age Group ____ U ____ Boys ____ Girls ____

For all referee evaluation/concerns please visit www.planoyouthsoccer.org.