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OFFICIAL LINEUP CARD

REGION	AGE GROUP	TEAM #	DATE	
TEAM NAME		OPPOSING TEAM		
COACH'S NAME		ASST COACH'S NAME		

All team players must be listed in order by Jersey #. If absent, indicate reason.

		Goals "Qtrs." Not Player Scored 1 2 3 4					
No.	PRINT PLAYER NAME	Sco	ored	1 2 3			4

Age Group	Each Half, not to exceed	Duration of the Game, not to exceed	Ball Size
19U	45 Minutes	90 Minutes	
16U	40 Minutes	80 Minutes	Size 5
14U	35 Minutes	70 Minutes	
12U	30 Minutes	60 Minutes	Size 4
10U	25 Minutes	50 Minutes	Size 4
8U	20 Minutes	40 Minutes	Size 3
6U	20 Minutes (10 min recommended)	40 Minutes (20 min recommended)	Size 3

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OFFICIAL LINEUP CARD

EGION	AGE GROUP	TEAM #	DATE
EAM NAME		OPPOSING TEAM	
OACH'S NAME		ASST, COACH'S NAME	
OACH S NAME		ASSI. COACH'S NAME	

All team players must be listed in order by Jersey #. If absent, indicate reason.

No.	PRINT PLAYER NAME	Go Sco	als ored	"Qtr 1	s." No 2	ot Pla 3	yed 4

Age Group	Each Half, not to exceed	Duration of the Game, not to exceed	Ball Size
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16U	40 Minutes	80 Minutes	Size 5
14U	35 Minutes	70 Minutes	
12U	30 Minutes	60 Minutes	Size 4
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8U	20 Minutes	40 Minutes	Size 3
6U	20 Minutes (10 min recommended)	40 Minutes (20 min recommended)	SIZE 3

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OFFICIAL LINEUP CARD

REGION	AGE GROUP	TEAM #	DATE
TEAM NAME		OPPOSING TEAM	
COACH'S NAME		ASST COACH'S NAME	

All team players must be listed in order by Jersey #. If absent, indicate reason.

No.	PRINT PLAYER NAME	Go Sco	als ored	"Qtr 1	s." No	ot Pla 3	yed 4

Age Grou	Each Half,	Duration of the Game, not to exceed	Ball Size
190	-	90 Minutes	0.20
16U	40 Minutes	80 Minutes	Size 5
14U	35 Minutes	70 Minutes	
12U	30 Minutes	60 Minutes	Size 4
10U	25 Minutes	50 Minutes	SIZE 4
8U	20 Minutes	40 Minutes	Size 3
6U	20 Minutes (10 min recommended)	40 Minutes (20 min recommended)	Size 3

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OFFICIAL LINEUP CARD

REGION	AGE GROUP	TEAM #	DATE
TEAM NAME		OPPOSING TEAM	
COACH'S NAME		ASST. COACH'S NAME	

All team players must be listed in order by Jersey #. If absent, indicate reason.

No.	PRINT PLAYER NAME	Goals Scored		"Qtrs." Not Played 1 2 3 4			

Age Group	Each Half, not to exceed	Duration of the Game, not to exceed	Ball Size
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10U	25 Minutes	50 Minutes	Size 4
8U	20 Minutes	40 Minutes	Size 3
6U	20 Minutes (10 min recommended)	40 Minutes (20 min recommended)	SIZE 3

All AYSO games shall be conducted in accordance with the current Laws of the Game and decisions of the International Board in effect at a date specified by the Area Director for his/her Area (approximately the time of team formation for a given season), with the exceptions detailed in the AYSO National Rules and Regulations.

Referee Game Report

Home lear	n/Colors _			Visiting Team/Colors
Halftime S	core	In I	Favor Of	Final Score Winning Team
			Ove	rall Conduct & Sporting Behavior
	Excellent	Normal	Poor	Additional comments:
Discourse				Additional comments.
Players:	_	_	_	
Coaches:				
Spectators	: 🗅			
Referee Na	ame (Print):			Phone/email:
1st AR (Ple	ase Print):			Phone/email:
2nd AR (Ple	ease Print):			Phone/email:
)ralii	minary Incident Report
		ed repo	rt ma	y be required – Check with your local Administrator) ries / Additional Comments: Please include names and player numbers.
Signa	tures only	y needed	if addit	ional information is included in the Preliminary Incident Report
Referee's	Signatur	e:		
1st Assist	ant Refer	ee's Sign	ature:	
2 nd Assist	tant Refe	ee's Sigr	nature:	
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decisio	ns of the	Internat	ional E	lucted in accordance with the current Laws of the Game and loard in effect at a date specified by the Area Director for his/
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			Refe	eree Game Report	
Date		Tir	me	Field	Conditions
Home Team	n/Colors			Visiting Team/Colors	
Halftime Sc	ore	In	Favor Of	Final Score	Winning Team
			Overall	Conduct & Sporting Behavio	r
	Excellent	Normal		ditional comments:	
Players:					
Coaches:	_	_			
Spectators:		_			
	me (Print):	_		Phone/email:	
	ase Print):			Phone/email:	
,	ase Print):			Phone/email:	
				e required - Check with y / Additional Comments: Please inc	
Signa	tures only	needed	I if addition	al information is included in the	Preliminary Incident Report
Referee's	Signature	e:			
st Assista	ant Refere	e's Sigr	nature:		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ant Refer	ee's Sig	nature:		
					REV 7/19
2nd Assist All AYS decision	ns of the	Internat imately	tional Boar the time o	ted in accordance with the cu rd in effect at a date specified of them formation for a given AYSO National Rules and Rey	by the Area Director for his season), with the exceptions

Date	Time		Field	_ Conditions	
Home Team/Colors				Visiting Team/Colors	
Halftime Score In Favor Of			Favor O	fFinal Score	_ Winning Team
			Ove	erall Conduct & Sporting Behavior	
	Excellent	Normal	Poor	Additional comments:	
Players:					
Coaches:					
Spectators:					
Referee Na	me (Print):			Phone/email:	
1¤ AR (Plea	se Print):			Phone/email:	
2nd AR (Plea	ase Print):			Phone/email:	

Signatures only needed if additional information is included in the Preliminary Incident Report

REV 7/19

_____ 2nd Assistant Referee's Signature: _____ REV 7/19

1st Assistant Referee's Signature: _