Metro High School Soccer League - Boys ☐

Girls ☐

Date: Time: Field:

Home team: ______ Coach: ______ Teacher advisor: ______		(Score)	Away team: ______ Coach: ______ Teacher advisor: ______		(Score)
#	Player's Name		#	Player's Name	
Coach's Signature:			Coach's Signature:		

Cards (Cautions/ejections)

#	Player's Name	Team	Card (red/yellow)	Time

Referee: (name) ______ Signature: ______

Asst. Referee: ______ Asst. Referee: ______

NOTE: Game sheets must be supplied by the HOME team, and faxed by the winning team, or if a tie, the Home team.

White sheet - Winning team (incase of a tie home team) Yellow sheet - Losing team Pink sheet - Referee