

Sault Youth Soccer League
 316 Elizabeth St
 Sault Ste Marie, ON P6A 6J3
 Phone 759-8840 Fax 759-6393
 E-mail: sysl@shaw.ca



DIVISION: _____ DATE: _____

COMPETITION: _____ KICK-OFF: _____

LOCATION: _____

 (Home Team) ☐ ☐ (Away team)

 (YOUR TEAM'S NAME)

NO	PLEASE PRINT CLEARLY Player's Full Name		SCORER	CAUTION	EJECTION	REMARKS
	Last Name	First name				
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

Manager: _____
 Coach: _____
 Bench Parent: _____
 Referee: _____
 Linesman 1: _____
 Linesman 2: _____

Signature: _____
 Signature: _____
 Signature: _____
 Signature: _____
 Signature: _____
 Signature: _____