GAME SHEET

Provincial IModel C1 Championships

Division: Please Select _____ **Your League:** Please Select _____ **Your Team:** _____

Date: Please Select _____ **Kick Off Time:** _____ **Field:** Please Select _____

Final Score

	HOME		*AWAY*	
Team Name:		VS		Team Name:
Team Colours:				Team Colours:

Call-Up (X)	Jersey #	Player's Full Name	Registrant Number	Signature	Goal	Caution	Ejection

ONLY THESE TEAM OFFICIALS REGISTERED WITH ONTARIO SOCCER AND WHO PROVIDED REGISTRATION NUMBERS CAN SIT ON TEAMS BENCH

Role	Team Official Full Name	SEOS Number	Signature	Caution	Ejection

Head Match Official: _____ **SEOS#:** _____ **Signature:** _____

COMPLETED GAMES SHEETS MUST BE SUBMITTED TO ONTARIO SOCCER REPRESENTATIVE AFTER THE GAME BY THE MATCH OFFICIALS