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 PLAYERS 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
U-19	45 Minutes	90 Minutes	Size 5
U-16	40 Minutes	80 Minutes	
U-14	35 Minutes	70 Minutes	
U-12	30 Minutes	60 Minutes	Size 4
U-10	25 Minutes	50 Minutes	
U-8	20 Minutes	40 Minutes	Size 3
U-6	20 Minutes (10 min recommended)	40 Minutes (20 min recommended)	

All AYSO games shall be conducted in accordance with the current FIFA 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

Date Time Field Conditions

Home Team/ Colors Visiting Team/Colors

Halftime Score in Favor Of Final Score Winning Team

Overall Conduct & Sporting Behavior

	Excellent	Normal	Poor	Additional comments
Players	□	□	□	
Coaches	□	□	□	
Spectators	□	□	□	

Referee Name (Print) Phone/email

1st AR (Print) Phone/email

2nd AR (Print) Phone/email

Preliminary Incident Report

(A more detailed report may be required — Check with your local Administrator)

Disciplinary Action / Significant Injuries / Additional Comments: Please include names and player numbers.

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

Referee's Signature:

1st AR Signature:

2nd AR Signature: