 Date:

Kemptville District Soccer Club Division:

 Field:

Game Sheet for: Kick-off:

 Team Name

Home Team: Score: Away Team: Score:

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| --- | --- | --- | --- | --- |
| # | Player’s Name | G | Y | R |
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**Referee Instructions**

Upon conclusion of the game, the referee will complete game sheet.

Completed game sheets to be emailed to referee@kemptvillesoccer.com within 48hrs.

To be completed by the referee:

1. Actual kick-off time:
2. Was the game shortened? Yes No
3. If shortened, why?
4. Player injured and left game? Yes No

Player #:

1. Bench personnel asked to leave? Yes No

**Bench Personnel**

|  |  |  |
| --- | --- | --- |
| Position | Name | Signature |
|  |  |  |
|  |  |  |
|  |  |  |

Referee Name:

Signature:

Game Comments: