

Kemptville District Soccer Club House League Game Sheet

GAME SHEETS TO BE RETURNED TO THE KDSC OFFICE WITHIN 24 HRS OF EACH GAME PLAYED

Final Score: Home Team _____ Away Team _____

DATE	LOCATION	AGE CATEGORY	DIVISION	GAME NO.
STATUS:	LEAGUE	TOURNAMENT	CATEGORY:	MEN WOMEN BOYS GIRLS
HOME TEAM		AWAY TEAM		THIS GAME SHEET DESCRIBES HOME AWAY

PLAYER #	PLAYER NAMES	G	C	X	Q	PLAYER #	PLAYER NAMES	G	C	X	Q

REFEREE: Please record Goals (G), Cautions (C), Dismissals (X) and whether a player's eligibility was questioned (Q). If you caution or dismiss a player, you MUST submit an OSA Referee Report for each incident. If player's eligibilities are questioned, please have them record their signature and date of birth below.

BENCH PERSONNEL:

POSITION	NAME (PRINT)	SIGNATURE	POSITION	NAME (PRINT)	SIGNATURE
COACH			OTHER		

GAME INFORMATION: TO BE COMPLETED BY THE REFEREE ONLY.

For every incident checked YES, the referee MUST complete and submit an OSA Special Incident Referee Report.

SCHEDULED TIME FOR KICKOFF: _____ ACTUAL TIME OF KICKOFF: _____

REASON FOR THE DELAY: _____

LENGTHS OF HALVES WERE SHORTENED: ___ YES ___ NO

A PLAYER WAS INJURED SERIOUSLY ENOUGH TO LEAVE THE GAME, AND RETURN TO THE GAME: ___ YES ___ NO

THE GAME WAS ABANDONED BEFORE FULL TIME ELAPSED: ___ YES ___ NO

BENCH PERSONNEL WERE ASKED TO LEAVE THE GAME: ___ YES ___ NO

FIELD EQUIPMENT INFORMATION:

FIELD REQUIRES MARKING: ___ YES ___ NO

FIELD REQUIRES CUTTING OR REPAIR: ___ YES ___ NO

NUMBER OF LEGAL CORNER FLAGS: _____

NUMBER OF LEGAL NETS: _____

COMMENTS:

NAME OF REFEREE: _____ SIGNATURE: _____

NAME OF ASSISTANT 1: _____ SIGNATURE: _____

NAME OF ASSISTANT 2: _____ SIGNATURE: _____