KEMPTVILLE DISTRICT SOCCER CLUB
HOUSE LEAGUE GAME SHEET

GAME SHEETS TO BE RETURNED TO THE OFFICE WITHIN 24 HRS

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'S SHIRT NUMBERS	PLAYER'S NAMES	G	C	X	Q	PLAYER'S SHIRT NUMBERS	PLAYER'S NAMES	G	C	X	Q
GOAL-KEEPER											

REFEREE: **Please record Goals (G), Cautions (C), Dismissals (X) and whether a players 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**		

FINAL SCORE: HOME TEAM: ____ AWAY TEAM: ____

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.**

DID TEAMS VERIFY PLAYER REGISTRATION?_____ CARDS WERE CHECKED / NOT CHECKED BEFORE THE GAME

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

LENGTH 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 REPAIR: YES / NO

NUMBER OF LEGAL CORNER FLAGS: _____ NUMBER OF LEGAL NETS: _____ COMMENT: _____

NAME OF REFEREE: _____ SIGNATURE: _____

NAME OF ASSISTANT:_____ SIGNATURE: _____