



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 |
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| 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 | Size 4 |
| U-12 | 30 Minutes | 60 Minutes | |
| U-10 | 25 Minutes | 50 Minutes | Size 3 |
| U-8 | 20 Minutes | 40 Minutes | |
| U-6 | 20 Minutes (10 min recommended) | 40 Minutes (20 min recommended) | |

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