



YAYSL Game Report

CLUB: _____

COACH: _____

AGE: _____ BOY GIRL DIVISION: _____

>LIST ONLY THOSE PLAYERS IN ATTENDANCE<

	PASS NO. (NUMBER ONLY)	PLAYER'S NAME		JERSEY NO.	PASSES CHECKED	GOAL	CAUT YELLOWCARD	EJEC REDCARD
		LAST NAME	FIRST INITIAL					
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								

DATE: _____ DAY: _____ FIELD: _____

GAME #: _____ TIME: _____

HOME: _____ VISITOR: _____

THIS SECTION ABOVE MUST BE COMPLETED BY COACH/MANAGER PRIOR TO GAME

	1st HALF	2nd HALF	FINAL
SCORE: HOME:	_____	_____	_____
VISITOR:	_____	_____	_____

CAUTIONS:

NAME: _____ TEAM: _____
 REASON: _____
 NAME: _____ TEAM: _____
 REASON: _____
 NAME: _____ TEAM: _____
 REASON: _____

EJECTIONS:

NAME: _____ TEAM: _____
 REASON: _____
 NAME: _____ TEAM: _____
 REASON: _____

If additional information is required, please write on back or attach another sheet

Coach Signature _____

Referee Signature _____

Coaches please maintain possession of all game reports until the end of the season. Immediately following all games please be sure to report the game scores at <http://www.yaysl.org/forms-documents/score-reports/>

If there are any red cards or ejections the referee must collect this game report along with the member card for the coach or player that was ejected from the game and get both to the YAYSL. These are to be delivered to the community rep, referee assignor, or mailed directly to the YAYSL *Before the start of The Fall Classic* at:

Youngstown Area Youth Soccer League
 P.O. Box 4772
 Austintown, Ohio 44515

Maximum Game day roster size Game times		
U-9/U-10	13	2x 25 minutes
U-11/U-12	16	2x 30 minutes
U-14/U-15	18	2x 35 minutes