



Ottawa Futsal

GAME SHEET

Complete game sheet for each game and hand to referee prior to Kick off

Age/Division: (Ex. U8/U9 Boys) _____

GAME DATE: _____		GAME TIME: _____		GAME LOCATION: _____	
Home Team: _____ <small>(Please print)</small>	Away Team: _____ <small>(Please print)</small>	THIS GAME SHEET FOR: <input type="checkbox"/>		<input type="checkbox"/>	HOME TEAM
				<input type="checkbox"/>	AWAY TEAM
Coaches Name: _____			Coaches Signature: _____		

TEAM ROSTER

JERSEY NUMBER	Player's first and last name <small>(Please print)</small>			G	Y	R

Referee Section ONLY **REFEREE: Please record: Goals (G), Cautions (Y), Dismissals (R)**

GAME INFORMATION: A player was injured seriously to leave the game and did not return to the game: Yes No

FINAL SCORE: HOME TEAM: AWAY TEAM:

REFEREE SIGNATURE : _____