



Kingston First Capital Game Sheet Festival Divisions (U-9)

1. Home Team:
(Shirt Colour:) _____

Visitors:
(Shirt Colour:) _____

2. Division: U- Date: Field: Game #

3. List below is for Team: Team OSA#:

Shirt No.	Player Name Surname / First Name	SEOS Registration Number	Y	R

Instructions for Coach:

Before kick off, ensure that sections **1 to 3** have been completed and that you have printed and signed your name at the bottom of the sheet before giving the sheet to the Referee.

Instructions for Referee:

1. **Do not** record any goals or goal scorers.
2. Enter "Y" if a player receives a yellow card in the "Y" column.
3. Enter "R" if a player receives a red card in the "R" column.
4. Sign the game sheet (**# 5**) and give it to the Field Marshal.

4. Coach: Name (Block letters) _____ Signature: _____

5. For use by Referees after game (please write legibly)

	Name: (printed)	Initials
Referee		
Assistant Ref.		
Assistant Ref.		