MIDDLESEX MASTERS SOCCER LEAGUE
Team Sheet

Date: Kick-off Time: Game #:

Location: Division: **League** ☐ **Cup** ☐

Home Team:	**Score**		**Score**	Away Team:
		VS.		

Team Name: **Team No:**

Jersey	**Last Name** **First Name**	**O.S.A. No**	**G**	**Y**	**R**

Team Officials' Names (please print)	**Initials**	**OSA #**
Manager:	_____	

INSTRUCTIONS TO TEAM OFFICIALS: Please provide all four copies of the team sheets to the referee no later then 15 minutes prior to kick-off.

INSTRUCTIONS TO REFEREE:
Fill in all areas of the game sheet before providing copies to the teams.

Copy 1 - White to League
Copy 2 - Yellow to E.M.S.A.
Copy 3 - Pink to Home Team
Copy 4 - Gold to Opposing Team

THIS SECTION TO BE COMPLETED BY REFEREE!

Please submit Copy 1 (White) to:

Middlesex Masters Soccer League
c/o Juergen Belle
7-1367 Commissioners Rd W
London, Ontario N6K 1E2

And Copy 2 (Yellow) along with any reports of misconducts, referee assaults cautions & dismissals, to:

Elgin Middlesex Soccer Association
c/o Discipline Manager
BMO Centre
295 Rectory St. London, ON N5Z 0A3

Must mail within 48 hours! Saturdays, Sundays and Statutory Holidays excluded.

1. Time team sheet rec'd: _____
2. Officials' time of arrival: _____
3. Game's actual start time: _____
4. Game delay (if any) caused by:

_____

_____

5. Protest lodged before the game ____
If yes by whom _____

_____

_____

6. Was officials' fee provided within 10min of the conclusion of the game:

no ☐ yes ☐

7. Was the OSA ID Booklets checked:

no ☐ yes ☐

8. Field conditions, if any problems, explain:

_____

9. Referee Assistant's Names:

1. _____ (please print)
2. _____ (please print)

or club provided Referee Assistants ____

Referee's Name:_____ (please print)

Referee's Signature: _____

PLEASE USE CLIPBOARD AND PRESS HARD!