WOMEN'S PREMIER SOCCER LEAGUE GAME REPORT

Date: _____ Time: _____

Venue: _____ Attendance: _____

Minimum Standards Visiting Team:

Did the home club provide the following:

- Water for both teams?	Yes	No
- Team benches?	Yes	No
- 14 players for the game?	Yes	No
- Proper uniforms for all players?	Yes	No
- Provide a Trainer?	Yes	No
- Provide suitable dressing rooms?	Yes	No

Minimum Standards Home Team:

Did the visiting club provide the following:

- 14 players for the game?	Yes	No
- Proper uniforms for all players?	Yes	No
- Arrive on time?	Yes	No

Did the referees of the match:

- Report 60 min. prior to kick off	Yes	No
- Checked player pass and roster?	Yes	No
- Have four officials at the game?	Yes	No

Line Score	1	2	Final
Visitor:			
Home:			

Referee and Team Reps:

Please sign verifying that score, stats, cautions, & ejections are accurate.

Referee: _____

Visitor Rep: _____

Home Rep: _____

REFEREES: Print name and check box to verify payment was received.

☐ Ref: _____

☐ AR: _____

☐ AR : _____

☐ 4th : _____

REPORT SCORE IMMEDIATELY AFTER GAME TO 1-800-854-0913
WHITE: HOME TEAM COPY – FAX TO 1-800-854-0913
YELLOW: VISITOR'S COPY PINK: REFEREE'S COPY

Visitor Roster:

ST	#	Pos.	Name	Y	R

Home Roster:

ST	#	Pos.	Name	Y	R

VISITOR STATS

SHOTS TOTAL _____

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25

SAVES TOTAL _____

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25

CORNERS TOTAL ____

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20

FOULS TOTAL _____

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20

G	SCR #	ASST #	TIME
1			
2			
3			
4			
5			
6			
7			

G	SCR #	ASST #	TIME
8			
9			
10			
11			
12			
13			
14			

HOME STATS

SHOTS TOTAL _____

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25

SAVES TOTAL _____

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25

CORNERS TOTAL ____

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20

FOULS TOTAL _____

1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20

G	SCR #	ASST #	TIME
1			
2			
3			
4			
5			
6			
7			

G	SCR #	ASST #	TIME
8			
9			
10			
11			
12			
13			
14			