

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: _____

Visitor Roster:

ST	#	Pos.	Name	Y	R

Home Roster:

ST	#	Pos.	Name	Y	R

VISITOR STATS

SHOTS TOTAL _____ 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

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 _____ FOULS TOTAL _____

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

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

G	SCR #	ASST #	TIME	G	SCR #	ASST #	TIME
1				8			
2				9			
3				10			
4				11			
5				12			
6				13			
7				14			

HOME STATS

SHOTS TOTAL _____ 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

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1				8			
2				9			
3				10			
4				11			
5				12			
6				13			
7				14			

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