# First on the Turf Game Sheet

**Game #** [ ]

**Age Group:** [ ]

**Boys** [ ]

**Girls** [ ]

**Date**

(DD/MM/YYYY)

**Kick off Time:**

(AM or PM)

**Location:**

University Guelph Soccer Complex

**Field Name:**

**Your Team Name:**

---

## FINAL SCORE

<table>
<thead>
<tr>
<th>HOME TEAM</th>
<th>VS</th>
<th>AWAY TEAM</th>
</tr>
</thead>
</table>

**Home Team Name:**

**Away Team Name:**

**Home Team Colours:**

**Away Team Colours:**

---

<table>
<thead>
<tr>
<th>NO.</th>
<th>Player’s Full Name</th>
<th>O.S.A. Registration Number</th>
<th>Misconduct Codes</th>
<th>Scorer</th>
<th>Caution</th>
<th>Ejection</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First Name</td>
<td>Family Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>1 – Caution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>2 – Second Cautionable Offence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>3 – Foul or Abusive Language</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td>4 – Serious Foul Play</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td>5 – Violent Conduct</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>6 – Foul or Abusive Language Directed at Game Official</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td>7 – Referee Assault</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td>8 – Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Coach:**

OSA #: Signature:

**Assistant Coach:**

OSA #: Signature:

**Manager:**

OSA #: Signature:

**Assistant:**

OSA #: Signature:

---

**ONLY THESE TEAM OFFICIALS REGISTERED WITH OSA AND WHO PROVIDED OSA REGISTRATION NUMBER CAN SIT ON TEAM'S BENCH**

---

**Referee:**

Print your name: ____________________________

Signature of referee: ______________________

**O.S.A. registration number:** ____________________________