	HOUSE LEAGUE GAME SHEET  OME TEAM:  AWAY TEAM:					Date (Month/Day/Year):	
		VS				Field Location:	
						KO Time:	
						Team Listed on this Game Sheet	
Jersey #	PLAYER'S FIRST NAME	PLAYER'S LAST NAME	SCORER	CAUTION	EJECTION	Referee Name:	
						OSA Number:	
						Referee Signature:	
						AR#1:	
						AR#2:	
						be submitted: - within 1 wee - within 48 he	
		TOTAL	5			Email reports and gacustomerservice@g	ame sheets as PDFs to uelphsoccer.ca
CAPTAIN	Name	Signature	• Pr • Co minu • St	mpleted ites prio	complet d game or to kic	ted game sheet and br sheet must be given to koff nyer's name if you kno	o the referee 5
NOTES (R	EFEREE USE ONLY): (spectator con	duct, field conditions, player eligibility)					