THE ROBBIE INTERNATIONAL SOCCER TOURNAMENT

Boys
Girls

TEAMSHEET

AGE GROUP: ______ KICK-OFF TIME: _____ DATE: ______

HOME TEAM:

AWAY TEAM:

FINAL SCORE

FINAL SCORE

TEAM NAMED ON THIS FORM:

Shirt		PLAYERS FULL NAME		RDS		CARDS	
NO.	FIRST NAME		FAMILY NAME	NO.	GOALS	Y R	EJECTION

Coach:	RDS No:	Signature:	
Asst.Coach:	RDS No:	Signature:	
Manager:	RDS No:	Signature:	
Trainer:	RDS No:	Signature:	
	ONLY THESE PLAYERS & TEAM OFFICIALS MAY SIT ON TH	E TEAM'S BENCH	
Referee:	SIGNATURE:	OSA #	
Asst. Referee:	SIGNATURE:	OSA #	
Asst. Referee:	SIGNATURE:	OSA #	