

Tournament Score Card

Date: _____ Time: _____ Field: _____ Age: _____ Division: _____

Game Number: _____ Team Rep. Signature: _____

HOME		VISITOR
Team Name _____	Score	Team Name _____
Coaches Initials: _____		Coaches Initials: _____

Cards Issued:	Last Name	Number	Team	Reason
(circle one) Yellow Red	_____	_____	_____	_____
Yellow Red	_____	_____	_____	_____
Yellow Red	_____	_____	_____	_____

Injuries: _____

Center Ref Signature: _____

**At the conclusion of the match, both teams must turn this card into the site coordinator within 30 minutes of match completion.

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