

PETERBOROUGH CITY SOCCER ASSOCIATION

FESTIVAL GAME SHEET *

Team Name: _____ Division: **U** _____
 Team OS #: _____ Shirt Colour: _____ Game #: _____
 Field: _____ Date: _____ Game Time: _____

Home Team: _____

Away Team: _____

	Shirt #	Player Name (please print)	OS NUMBER	Y	R
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
MAXIMUM FOR U9 & U10					
13					
14					
15					
16					

COACH SIGNATURE: _____

REFEREE SIGNATURE: _____

***REFEREE MUST HAND IN THIS SHEET TO THE FESTIVAL CONVENOR**