

PETERBOROUGH CITY SOCCER ASSOCIATION

FESTIVAL GAME SHEET *

Team Name: _____ Division: **U** _____
 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**