



PENINSULA SOCCER LEAGUE GAME REPORT

Home: _____ Visitors: _____

Date: _____ Time: _____ Field: _____

SCORING SUMMARY:

1st Half	2nd Half	OT1	OT2	FINAL		KFTM
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Visitor	<input type="text"/>

CAUTIONS ISSUED:

Time	Team	No	Player Name	Reason
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PLAYERS SENT OFF: (Submit separate Send Off Report for each player sent off)

Time	Team	No	Player Name	Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NOTES or Other Incidents to Report:

INSTRUCTIONS: Submit within 24 hours. Email to pslgame report@peninsulasoccerleague.org. Include in notes any comments on field conditions or other issues of which you want the league to be aware. Email send off reports and then also mail printed copies of game report, send off reports, player passes and team rosters to PO Box 5693, Redwood City CA 94063.

Referee: _____

AR1: _____

AR2: _____

GRADE

ARRIVAL TIME
