



DAVE MORRISON MEMORIAL INTERNATIONAL SOCCER CLASSIC



NAMES MUST MATCH
NUMBERS ON SHIRTS

GAME REPORT
PRINT CLEARLY

Home Team Score: _____ Away Team Score: _____ U _____

Date: _____ Game #: _____ Field: _____ Kick off Time: _____

Team Name: _____ Home Team Away Team

SHIRT NUMBER	OSA NUMBER	PLAYERS NAME (PLEASE PRINT)	GOALS	CARDS	
				Y	R
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

Coach:(print) _____ (signature) _____ (OSA #) _____

Assist Coach:(print) _____ (signature) _____ (OSA #) _____

Assist Coach:(print) _____ (signature) _____ (OSA #) _____

Manager:(print) _____ (signature) _____ (OSA #) _____

Referee:(print) _____ (signature) _____ (OSA #) _____

Assist Referee 1:(print) _____ (signature) _____ (OSA #) _____

Assist Referee 2:(print) _____ (signature) _____ (OSA #) _____