

Home Coach Signature: _____

Away Coach Signature: _____

ALL KICKS ARE DIRECT Kicking Tripping Striking Holding Pushing Jumping In Violent Charge Offside Handball Obstruction GK Charge Charge (off ball) Charge Behind Heading Dangerous Play	HOME TEAM Name: _____ Color: _____ Final Score _____		AWAY TEAM Name: _____ Color: _____ Final Score _____		NOTES: Safety Check Fields, Goals & Players Equipment Introduce Self to Coaches Ensure Size 3 Game Ball 4 x 12 minute quarters No Slide Tackling No Heading No Penalties No Off-Side No yellow/red cards for players
	SCORING _____				
Substitutions: Throw In (either team) Goal Kicks After Goals After Injury (1:1) Half Time After Caution		Referee: _____ Comments/Caution or Send Off: _____		Substitutions: Throw In (either team) Goal Kicks After Goals After Injury (1:1) Half Time After Caution	
Fans: _____ Coaches: _____ Players: _____		SPORTSMANSHIP Please Rate 1 (Bad) to 5 (Good)		Fans: _____ Coaches: _____ Players: _____	

1st Gr. 2nd Gr. (please circle)

Field: _____

Kick Off: _____ am/pm

Date: _____ / _____ / 2019



**BARTLETT IN-HOUSE
YOUTH SOCCER LEAGUE — SPRING 2019
REFEREE INFORMATION GAME CARD**



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	Fans: _____ Coaches: _____ Players: _____		SPORTSMANSHIP Please Rate 1 (Bad) to 5 (Good)		

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