**Game Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visitors \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Game # \_\_\_\_\_\_\_\_\_\_** (*check one*) **☐ Home Team Lineup ☐ Visiting Team Lineup**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **\*\*\* UP TO 18 PLAYERS MAXIMUM CAN BE SELECTED FOR THE MATCH ROSTER \*\*\*** | | | | | | | | |
|  | PRESENT(REF SIGN-IN) | JERSEY **#** | **PLAYER NAME** | **PASS ID#** | **GOALS**  **1st 2nd**  **Half Half** | | **CARDS**  **Yellow \*Red** | | **\*INJURY** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | \* Ref. Report Required | |

|  |  |
| --- | --- |
| **Final Score:** \_\_\_\_\_\_\_\_\_\_ **to** \_\_\_\_\_\_\_\_\_\_ **Winner:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Game Time Start:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **End:** \_\_\_\_\_\_\_\_\_\_\_\_\_ | Referee: |
| **MGR Name (PRINT)** | Assistant Referee 1: |
| **MGR Signature** | **Assistant Referee 2:** |
| **REFEREE**: Mail COMPLETED REPORT within 24 Hours to: | **ISSA, 2025 S Arlington Heights Rd, Ste 111, Arlington Heights, IL 60005** |
| OrScan and email to : | **ILStateSoccer@gmail.com** |