**Game Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Game Time Start** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **End** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Division \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Game # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Field # \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Association/USASA League \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region \_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | |
|  | 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 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  | \* Ref. Report Required | |

|  |  |
| --- | --- |
| **Final Score:** \_\_\_\_\_\_\_\_\_\_ **to** \_\_\_\_\_\_\_\_\_\_ **Winner:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Tournament Official Verification Signature** | Referee: |
| **Manager Name (PRINT)** | Assistant Referee 1: |
| **Manager Signature** | **Assistant Referee 2:** |
|  |  |

Present this completed roster ALONG WITH your **state certified** Player Pool Roster Form AND player passes at the team check-in. Check in the at minimum 1 hour prior to the first Tournament scheduled game.

Please make 5 copies of this completed roster to submit at the team check-in.