



OFFICIAL LINEUP CARD

REGION _____ AGE GROUP _____ TEAM # _____ DATE _____

TEAM NAME _____ OPPOSING TEAM _____

COACH'S NAME _____ ASST. COACH'S NAME _____

All team players must be listed in order by Jersey #. If absent, indicate reason.

No.	PRINT PLAYER NAME	Goals Scored		"Qtrs." Not Played			
				1	2	3	4

Age Group	Each Half, not to exceed	Duration of the Game, not to exceed	Ball Size
19U	45 Minutes	90 Minutes	Size 5
16U	40 Minutes	80 Minutes	
14U	35 Minutes	70 Minutes	
12U	30 Minutes	60 Minutes	Size 4
10U	25 Minutes	50 Minutes	
8U	20 Minutes	40 Minutes	