ESSEX COUNTY SOCCER ASSOCIATION

Association Cup Team Roster

HOME TEAM _____ FINAL SCORE [ ] V. [ ] VISITING TEAM _____

Shirt Colour: _____ Shirt Colour: _____

Division: _____ Date: _____

Field: _____ Kickoff Time: _____

Shirt NO.	PRINT CLEARLY PLAYER'S FULL NAME Family Name First Name	OSA NO.	Goals	Yellow Card	Red Card

MANAGER: TRAINER:

COACH: SIGNATURE TEAM OFFICIAL:

ONLY THOSE OFFICIALS LISTED ON THIS SHEET CAN SIT ON TEAM'S BENCH

Each team shall complete this team sheet and hand it to the referee 15 minutes prior to the start of the game. The referee will hand the pink page to the coach of the opposing team.

If required, each player whose name appears on the team sheet shall present herself and her registration card to the referee, prior to the start of the second half.

REFEREE: ..... (Print) SIGNATURE: .....

ASST. REFEREES:

1. ..... (Print) 2. ..... (Print)