



TORONTO CENTRAL SOCCER CLUB

EGLINTON FLATS GAME SHEET

DATE	TEAM NAME	OPPONENT'S NAME
TIME 6:30 <input type="checkbox"/> 8:00 <input type="checkbox"/> 9:30 <input type="checkbox"/>	HOME <input type="checkbox"/> AWAY <input type="checkbox"/>	SCORE ____ vs ____

	SHIRT #	PLAYER NAME	SIGNATURE	SCORE	C	E
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
PICK UP PLAYERS						
1						
2						

REFEREE (print name)	SIGNATURE
SPECIAL INCIDENTS TO REPORT BY REFEREE:	