INLAND VALLEY SOCCER LEAGUE

313 N EUCLID AVE, ONTARIO CA 91762 (909) 984-3431 www.ivsl.net

AMOUNT PAID: $ _____

CEDULA OFICIAL DE JUEGO / OFFICIAL GAME CARD

GAME DATE/FECHA DE JUEGO: ____/____/_____ **OPPONENT/CONTRARIO:** _____ **DIVISION:** _____

TEAM NAME/EQUIPO: _____ **SCHEDULED START TIME/HORA DE JUEGO:** _____ **AM PM FIELD/CAMPO:** _____

NAME OF COACH: _____ **I.D. #** _____ **Colors: Jersey**_____ **Shorts** _____ **Socks** _____

Num #	Player Name/Nombre Jugador	Credencial ID #	Goales/ Goales	Caution	Ejection	Referee Comments/Comentarios del Arbitro

I hereby certify that the above is true and correct. MANAGER OR COACH SIGNATURE: _____ **Date:** ____/____/_____

HALFTIME SCORE - THIS TEAM: _____ **OPPONENT:** _____ **FINAL SCORE - THIS TEAM:** _____ **OPPONENT:** _____

REFEREE NAME(Print): _____ **I.D. #:** _____ **SIGNATURE/FIRMA ARBITRO:** _____