

St Catharines Club Roma Soccer

Spring Kickoff Tournament

GAME SHEET

Team Name _____ Team OSA #: _____

Division: _____ Game Number: _____

Date: _____ Game Time: _____

Home Team: _____ Score: _____

Away Team: _____ Score: _____

	Shirt #	Player Name (please print)	OSA NUMBER	GOALS	Y	R
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

COACH SIGNATURE: _____

REFEREE SIGNATURE: _____