



State League
Game Packet

Completed Game Instructions:

A complete Game Packet will consist of:

- * Completed Pre-game Check list
- * Completed Match Report
- * Both sets of TSSA rosters

DUE: The completed Game Packet is due the next business day after the completion of the match.

It is the responsibility of the Home Team Manager to submit the completed Game Packet and submit score online.

Incomplete packets will be returned to the Home Team Manager for correction.

SUBMIT TO:

**Via fax: 615-590-2205

**Via email: bflanagan@tnsoccer.org

POSTED: Match results will be posted as they are entered and if not entered they will be posted by Tuesday.

TSSA State League Pre-Game CHECK-IN Checklist REQUIRED

(Submit with Match Report)

Score: _____

Age/Gender: _____

Score: _____

HOME:	:VISITOR
-------	----------

<input type="checkbox"/>	<input type="checkbox"/>	State Approved Roster	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No		Yes	No

Comment:	Comment:
----------	----------

<input type="checkbox"/>	<input type="checkbox"/>	Player Cards	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No		Yes	No

Comment:	Comment:
----------	----------

If more than 18 on the roster (U16-U18),
were the non-playing players clearly
scratched from the game day roster and
clearly identified as non-playing players?

<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Yes	No		Yes	No

Comment:	Comment:
----------	----------

Was the field the recommended age
specific size with appropriate sized goals?

<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Yes	No		Yes	No

Comment:

Coach Signature:
or,

Coach Signature: or,

Referee Signature

Manager Signature

Manager Signature

Note: The Match result WILL NOT be considered complete until the following is received in the TSSA office. (Fax: 615-590-2205)
(Player team names in H/V section above)

-Pre-Game Check List

GAME INFO:

-Match Report

-Rosters from participating teams (2)

Location: _____

-Any applicable Referee Report

Date: _____

Tennessee State Soccer Association

100 Country Club Dr. | Suite 100 | Hendersonville, TN 37075

PH: 615-590-2200 | FAX: 615-590-2205 or email bflanagan@tnsoccer.org

TSSA State League Match Report

Division: _____

Age and Gender: _____

Home Team:		Visiting Team:
Match Location		Match Date:

HOME TEAM	CAUTIONED/EJECTED PLAYERS				VISITING TEAM	
Yellow	Red			Yellow	Red	
<input type="text"/>	<input type="text"/>		1	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>		2	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>		3	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>		4	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>		5	<input type="text"/>	<input type="text"/>	

CONTINUE ON BACKSIDE IF MORE THAN FIVE (5) PLAYERS

Home Coach		Visiting Coach
	Print Name	Print Name
Home Coach		Visiting Coach
	Sign Name	Sign Name
Center Referee:		
	Print Name	Sign name
Ass't Referee 1:		
	Print Name	Sign name
Ass't Referee 2:		
	Print Name	Sign name