EXHIBITION GAME SHEET: Return to PFC Administrator

Game Information

DATE	
LOCATION	
KICK OFF TIME	

Referee Information

Referee Name	OS#	Signature
Center:		
Lines 1:		
Lines 2:		

AHEG#: _____ ATF#: _____
Home Team: _____
Age Group: U ☐ Boys ☐ Girls Jersey: _____

ATF#: _____ AHEG#: _____
Away Team: _____
Age Group: U ☐ Boys ☐ Girls Jersey: _____

PLAYER INFORMATION (Alphabetical order by last name)				GOALS		
#	First Name	Last Name	SEOS#	1st	2nd	total

NOTE: By signing this the staff ensure that all the player information is correct and that they are fully eligible to participate.

TEAM STAFF INFORMATION		SEOS#	Signature
Coach			
Assist. Coach			
Manager			

PLAYER INFORMATION (Alphabetical order by last name)				GOALS		
#	First Name	Last Name	SEOS#	1st	2nd	total

NOTE: By signing this the staff ensure that all the player information is correct and that they are fully eligible to participate.

TEAM STAFF INFORMATION		SEOS#	Signature
Coach			
Assist. Coach			
Manager			

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