Wisconsin SECL Game Report

WISCONSIN YOUTH SOCCER ASSOCIATION

Game Date:_____ Age Group:_____ Team Name:_____

League(circle one): A B C D East or West

Please type or clearly print
Game day roster size is limited to 18 players total including Club Pass Players

Home Team	**Score**
Away Team	**Score**

To be completed by Referee:
Field:
Start Time:
Referee Names & Phone Numbers
Cntr: ,( )
AR: ,( )
AR: ,( )
Coach Check-In(circle one)
Coach has State-issued Pass: Y / N
License Level on Pass: A / B / C / D / E / G
Sportsmanship Points(circle one)
Players: 1 / 2 / 3 / 4 / 5
Coaches: 1 / 2 / 3 / 4 / 5
Spectators: 1 / 2 / 3 / 4 / 5
1=Poor, 2=Low, 3=OK, 4=Good, 5=Great

Jersey #	**Player's Name**	**Yellow Card**	**Red Card**