

USL - 2nd Division	TEAM COPY	DATE of GAME:
Team Filing this form:	FINAL SCORE	Referee NAME
OPPONENTS		
		SIGNATURE:

DATE:	First	FINAL
LOCATION:	Half	SCORE
HOME TEAM		
VISITORS		

The undersigned soccer players, without relying upon the judgement of the assigned referee, have each individually examined the prepared field of play prior to start of the soccer game to be played on the _____ day of _____, 2010 and have found the proposed field of play to be in acceptable and safe condition
 Game to be played at _____

	Shirt Number	PARTICIPANT'S NAME	PLAYER PASS Prefix & Number	CARDS		PLAYER SIGNATURES
				YELLOW	RED	
1						
2						
3						
4						
5						
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24						
25						
26						

Captain's Signature:	
First Aid:	
CPR Rep.:	

Please send this form within 48 hours after the game to:
 Paul O'Brien
 41 Points of View, Warwick NY 10990-2431
 Phone: (973) 699-0268 Fax: (973) 857-6095
 email: pobrien@transportproducts.com

