

<b>USL - 3rd Division</b>	<b>TEAM COPY</b>	<b>DATE of GAME:</b>
<b>Team Filing this form:</b>	<b>FINAL SCORE</b>	<b>Referee NAME</b>
<b>OPPONENTS</b>		
		<b>SIGNATURE:</b>

<b>DATE:</b>	First	<b>FINAL</b>
<b>LOCATION:</b>	Half	<b>SCORE</b>
<b>HOME TEAM</b>		
<b>VISITORS</b>		

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	
				YELLOW	RED
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

**PLAYER SIGNATURES**

<b>Captain's Signature:</b>	
<b>First Aid:</b>	
<b>CPR Rep.:</b>	

Please send this form within 48 hours after the game to:  
 Avi Lazarovits  
 4 Twilight Ct  
 Livingstone NJ 07039-1127  
 Phone: (201) 407-0053      Fax: (973) 242-7258      email: avi@avitex.com

