

<b>USL - Senior Division 2</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		PLAYER SIGNATURES
				YELLOW	RED	
1						
2						
3						
4						
5						
6						
7						
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12						
13						
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16						
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21						
22						
23						
24						
25						
26						

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

Please send this form within 48 hours after the game to:  
 Gary Whaley  
 3 Schall St  
 Bridgewater NJ 08807-5721  
 Phone: (908) 419-6585      email: gw1472@att.com

