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| **Futsal Cup Roster and Match Form**  |
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| Club Name: |  | Team Name: |  |
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| Age Group (circle): | U9, U10, U11, U12 | Gender (circle):  | Boys/Girls |
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| **Referee: Complete highlighted areas after the gameTeam: Complete GAME & TEAM INFORMATION before each game** |
| **GAME INFORMATION** | **TEAM INFORMATION**  | **MATCH RESULT & CARD REPORT** |
| Day: |  | Jersey Color: |  | **Home Score:** |  |
|  | Home or Away: |  | **Away Score:** |  |
| Time: |  |  |  |  |  |
|  | **CARD REPORT**  | **# of Yellow Cards:**  |  | **# of Red Cards:**  |  |
| Field: |  | **The team on this roster (circle one) WON LOST the match** |
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|  |
| **NAMES MUST BE TYPED – no handwritten names will be allowed** |
|  | **Jersey #** | **Participant FULL LEGAL Name** | **Date of Birth** |
| **Coach / Manager** | **NA** |  | **\*\*\*** |
| **Coach / Manager** | **NA** |  | **\*\*\*** |
| **Coach / Manager** | **NA** |  | **\*\*\*** |
| **Coach / Manager** | **NA** |  | **\*\*\*** |
| **Player 1** |  |  |  |
| **Player 2** |  |  |  |
| **Player 3** |  |  |  |
| **Player 4** |  |  |  |
| **Player 5** |  |  |  |
| **Player 6** |  |  |  |
| **Player 7** |  |  |  |
| **Player 8** |  |  |  |
| **Player 9** |  |  |  |
| **Player 10** |  |  |  |
| **Player 11** |  |  |  |
| **Player 12** |  |  |  |
| **Player 13** |  |  |  |
| **Player 14 MAX** |  |  |  |

***\*\*\* All coaches must have an approved background check and verified SafeSport and Concussion training***

***Send this roster to Desia Bramel at desia@oregonyouthsoccer.org.***

***Match Rosters will be provided to the team at check-in***

***Players may NOT play with or be on the roster for more than one team***