MTC HOPSOL YOUTH SOCCER LEAGUE

TEAM RETURN

(Print clearly in **capital letters** and **tick** where appropriate)

Competition : _____ YEAR __ __

Age Group : **UNDER** _____

Date of Match : ___/ ___/ **Venue** : _____

Kick-off Time : ___h___ **Actual Starting Time** : ____h____

Name of Team : _____ Home ☐ Away ☐

Opposing Team : _____ Home ☐ Away ☐

Players Starting

Shirt No.	Surname	First Name/s	AC*	Reg*	Goals	Caution/Dismissal/Reason/Remarks
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		

Substitutes (➔ = next to name of **player** taken **off**) (🡐 = next to name of **player** going **on**)

			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		
			☐	☐		

Score : Half Time ____ : ____ ***in favour of*** **Score : Extra Time** ____ : ____

Score : Full Time ____ : ____ _____ **Penalties** ____ : ____

Name of Home Coach : _____ **Signature** : _____

Name of Visiting Coach : _____ **Signature** : _____

Name of Referee : _____ **Signature** : _____

Rating of match official's performance (score 1 - 5) ☐ **(1 = very poor, 3 = avarage, 5 = excellent)**

Protests / Remarks (For use of **referee** only , please **sign and date**) : _____

_____

_____

Coach remarks : _____