Date:
Game #:
Div.:
Field:
K.O.:

EMSA PLAY OFF Game Sheet For:

Home Team:	**Score:**	**Away Team:**	**Score:**

#	Player's Name	OS #	DOB Y/M/D	G	Y	R

I certify that all the above players are properly registered with the District Association
Initial:_

I certify I have checked the player cards of the opposing team initial:
_____

Position	Name	OS #	Signature

Match Official Instructions

Upon conclusion of the game, the Match Official will complete the game sheets and hand them to the EMSA Representative.

To be completed by the referee:

1. Referee Assistants names:

   a. _____

   b. _____

   or club provided AR's: ___

2. Game delay (if any) caused by:

   _____

3. Protest lodged?:
   ___YES ___ NO
   If yes by whom:

4. Field conditions:
   a) Markings: ___ POOR ___GOOD
   b) Grass: ___ LONG ___ SHORT

5. Is referee attaching reports?
   ___ YES ___NO

6. Were player cards checked?
   ___ YES ___NO

7. Was a team official removed from this game?
   ___YES ___NO
   If yes, who (name & team):

8. Was a special incident report forwarded to EMSA?
   ___ YES ___ NO

Your Name

Your Signature

Your OS #

Revised Nov 2017