**PLEASE TYPE IN ALL INFORMATION - HANDWRITTEN FORMS WILL NOT BE ACCEPTED**

Elgin Middlesex Soccer Association
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Tel: (519) 668-2391
Email: emsatraveltransferinsurance@rogers.com

# EXHIBITION GAME SHEET

DATE: _____ KICKOFF: _____

LOCATION:_____AHEG#_____

REFEREE:_____

OS# _____

**** Please complete and email to EMSA upon completion of the game. Thank you.**

| | HOME TEAM:(with OS ID#) | | SCORE 1st | SCORE 2nd |
|---|---|---|---|---|
| Jersey # | Player OS # | Player Name | | |
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| | FINAL SCORE | | | |

H.COACH:_____ OS# _____

ASST. COACH:_____ OS# _____

MANAGER:_____ OS# _____

| | AWAY TEAM:(with OS ID#) | | SCORE 1st | SCORE 2nd |
|---|---|---|---|---|
| Jersey # | Player OS# | Player Name | | |
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| | FINAL SCORE | | | |

H.COAC _____ OS# _____

ASST. COACH:_____ OS# _____

MANAGER: _____ OS# _____