



# Premier Soccer League of Chicagoland

## Official Game Line-up and Referee's Report

Game Date \_\_\_\_\_ Game # \_\_\_\_\_ Location \_\_\_\_\_

Home Team \_\_\_\_\_ Visitors \_\_\_\_\_

JERSEY #	PLAYER NAME	PASS ID#	GOALS		CARDS		SIGNATURE IF OPPOSED
			1 <sup>st</sup> Half	2 <sup>nd</sup> Half	Yellow	Red *	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							

\* Ref. Report Required

Final Score: _____ to _____ Winner: _____	
Game Start: _____ Game End: _____	Referee: _____
MGR Name (PRINT)	Sr. Lines: _____
MGR Signature	Linesman: _____

(REFEREE: MAIL THIS FORM INTO THE LEAGUE WITHIN 24 HOURS.)

1 COPY TO LEAGUE	1 COPY TO HOME TEAM	1 COPY TO VISITING TEAM
PLEASE RETURN TOP COPY TO THE LEAGUE COMMISSIONER:		<b>Sam Ionta</b> 26032 Whispering Woods Cir. Plainfield IL. 60585