2017 CAMERON MEMORIAL - QWSC GAME SHEET

1. Home team:_____ Score: ☐ **Away Team:_____ Score**: ☐
(Shirt Colour: _____) (Shirt Colour: _____)

2. Division: U- _____ **Date**: Sat. Aug. 12/ Sun. Aug. 13 **Field**:_____ **Game #** _____

3. Team roster: **this list is for team:**_____

Shirt No.	Player Name Surname / First Name	OSA Registration Number	G	Y	R

4. Coach Name (print)_____ **Signature:** _____
Ass't Coach (print)_____**Signature:** _____
Manager (print) _____ **Signature:** _____

5. For use by Referees after game (please write legibly)

	Name: (printed)	**Signature**
Referee		
Assistant Ref.		
Assistant Ref.		