

Score Card: To be mailed by winning coach		East Central Soccer District	
Game # _____	Game Date: _____	Age Group U- _____	<i>If this is a rescheduled game, what was the original scheduled game date?</i>
Please check one: Classic _____		Recreational _____	
Please check one: Girls _____		Boys/Coed _____	
Please check one: National _____		World _____	American _____ Adult _____
Teams/Coaches (Print)			
Home Team Name		Jersey Color _____	Cardings _____
		Home Score	Yes _____
License level A__ B__ C__ D__ E__ Y1__ NONE__			No _____
Coach:			
Visiting Team Name		Jersey Color _____	Cardings _____
		Visiting Score	Yes _____
License level A__ B__ C__ D__ E__ Y1__ NONE__			No _____
Coach:			
Score and Carding Verification After Game Completion			
Signature of Referee _____			
Signature of Home Team Rep. _____			
Signature of Visiting Team Rep. _____			
<p>Games Commissioner W2778 Breezewood Drive Appleton, WI 54915</p>			