



**Associated
Catholic
Colleges**

"Excellence,
Honour and
Fairness in
Student Activities"

SOCCKER SCORESHEET

Date _____ Yr Level _____ School _____ v _____

No.	Player's Name	Goals	Red Card	Yellow Card

Please indicate goal scorers with number of goals next to player's name. Also indicate where any player receives either a red or yellow card.

RESULTS

	Half Time	Full Time
Home		
Away		

BEST PLAYERS (Your School):

GOAL SCORERS (Your School):

Coaches' Signatures: _____ **Home** _____ **Away**
BOTH teams to sign

REFEREE'S REPORT

Referee's Name _____ **Signature** _____