OFFICIAL LINEUP CARD

REGION: 919 AGE GROUP: _____ TEAM #_____D ATE _____

TEAM NAME:_____OPPOSING TEAM_____

COACH'S NAME: _____ ASST. COACH'S NAME:_____

All team players must be listed in order by Jersey #. If absent, indicate reason.

No.	PRINT PLAYERS NAME	Goals Scored		"Qtrs." Not Played 1	2	3	4

Age Group	Each Half, not to exceed	Duration of the Game, not to exceed	Ball Size
U-19	45 Minutes	90 Minutes	Size 5
U-16	40 Minutes	80 Minutes	
U-14	35 Minutes	70 Minutes	
U-12	30 Minutes	60 Minutes	Size 4
U-10	25 Minutes	50 Minutes	
U-8	20 Minutes	40 Minutes	Size 3
U-6	20 Minutes (10 min recommended)	40 Minutes (20 min recommended)	

Reorder #CS004-7 REV 7/04