NRHSAA AGE GROUP:

or Fax: 905-646-0079

	DIS	STR	IBUTIC)N: \	WHIT	LE CODA	r to f	REFE	REE	
PINK	COPY	TO	HOME	TEAN	4	GREEN	COP	Y TO	AWAY	TEAM

	И.К.П.Э. А	.A.					= #		
			DATE:						
H	IGH SCHOOL SO	CED	KICK-OFF TIME:						
11	idii school so	CLR	LOCATION:						
	Pl	LEASE CHECK	ONE BOX ONL	Y					
HO	OME TEAM:		AWAY T	EAM:		-			
_			SCORE						
	HOME TEAM				<u> </u>	AWAY	TEAM		
NO.	PLAYER'S FULL NAME LAST NAME FIRST NAME	PLAYER'S	SIGNATURE	SCORER	EJECTION	CAUTION	RDS#		
							A - M - M - M - M - M - M - M - M - M -		
	A Q.U.				J				
	ACH;								
	SISTANT COACH:								
	NAGER:								
TRA	AINER:			ATURE					
	ONLY THESE TEA	M OFFICIAL	S CAN SIT ON	TEAM'	SBEN	CH			
If the	REFEREE: ere is a caution or an ejection in the game, so e copy with a discipline report to:	REFEREE : PLEASE PRINT							
SO	CCER CONVENOR		LINE 1:						
535 L	Secondary School ake Street atharines, ON L2N 4H7		LINE 2:						