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|  | | | | | **GTISL GAME SHEET** | | | | | | | | | | | | | | |
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| **Home**  **Team** | |  | | |  | | |  |  | | | | | | | | | | **Away Team** | |
| **Game and Team Information:** | | | | | | |  |  | |  |  | | |  | |  | | | | | |  | |  |
| **Date:** | |  | | | **Game Time:** | | |  | | **Facility:** | | | |  | | | | | | | | | | |
| **Field #** | |  | | | **Age Group:** | | |  | | **Gender:** | | | |  | | | | | | | | | | |
| **League:** | |  | | | **Team Name:** | | |  | | **Club/Academy** | | | |  | | | | | | | | | | |
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| **Full Name** | | | | | | | | **Uniform #** | **Ontario Soccer #** | | | | | | | | | **CARDS** | | | | **GOALS** | | |
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| **Team Officials** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **REGISTRANT #** | | | | **NAME** | | | | | | | | | **SIGNATURE** | | | | | | | |
| Coach | | | |  | | | |  | | | | | | | | |  | | | | | | | |
| Assistant Coach | | | |  | | | |  | | | | | | | | |  | | | | | | | |
| Manager | | | |  | | | |  | | | | | | | | |  | | | | | | | |
| **Match Officials** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Referee** |  | | | | | | | **Registration #** | |  | | | | | **Signature:** | | | | |  | | | | |
| **Assistant** |  | | | | | | | **Registration #** | |  | | | | | **Signature:** | | | | |  | | | | |
| **Assistant** |  | | | | | | | **Registration #** | |  | | | | | **Signature:** | | | | |  | | | | |

**Team Official Notes:**

* Game sheet must be filled out including name, registration numbers and all details of the game 10 minutes prior to kickoff and provided to the Match Official
* Indicate Roster/Call-up/Trial permit players on the game sheet and strikethrough player’s name if not playing
* Upon request, valid Ontario Soccer identification must be checked **PRIOR** to the start of the game (without causing any delay of game kickoff)
* Team officials are responsible for checking books of the opposing team