



2015 STATE CUP Mayors Division YOUNGERS U9-11 by Sports

Roster - Game Form

I hereby certify the below information is TRUE and CORRECT. Date: _____ Manager / Coach Signature : _____

Age Group:	Boys Under 11 Mayors	Primary Color:	Alt. Color:
Head Coach:	Christian H Vazquez-Ozuna	Tel: (949) 292-7582 home (949) 292-7582 cell	Lic. Y3 RM Status Approved
Asst.Coach:		Tel:	
Asst.Coach:		Tel:	
Team Mgr.:		Tel:	

~~Prior to each game, check the box next to the player(s) who will NOT be on the game roster. Max 18 players on any game roster.~~
Games

The above instruction is incorrect

Jersey No.	Last Name, First Name	Player ID	Sec Id	Red	DOB	Reg. Date	1	2	3	4	64	32	16	QF	SF	F
	Brown. Jack	40177-247277			11/20/2003	R 08/25/2014										
	Cusick. Dvlan	47255-554363			02/20/2004	R 07/28/2014										
	De Jesus. Gustavo	79851-659454			04/08/2005	R 08/25/2014										
	Donahoe. Mason	43290-101551			07/04/2004	R 07/28/2014										
	Dunbar. Rvan	11262-129829			12/09/2003	R 07/28/2014										
	Dver. Owen	14590-996614			02/25/2004	R 07/28/2014										
	Fasheh. Alex	16076-398587			07/23/2004	R 07/28/2014										
	Favrow. Anthonv	26912-930904			06/15/2004	R 08/22/2014										
	Grav. Evan	81599-174755			06/08/2004	R 07/28/2014										
	Jansen. Luke	70324-840231			05/26/2004	R 08/25/2014										
	Mack. Peter	72461-504900			02/11/2004	R 07/10/2014										
	Milner. Michael	72157-975045			02/20/2004	R 08/25/2014										
	Pena. Kevin	15495-261324			03/17/2004	R 08/25/2014										
	Torres. Juan	28598-427516			02/10/2005	R 08/25/2014										
	Vazquez. Christian	68320-440865			08/22/2003	R 07/28/2014										

Use Checkmarks to indicate players were at the game.
Do not use "X"

Tournament Committee Comments: <div style="border: 1px solid red; padding: 5px; color: red;">NO hats, NO sunglasses</div>	Roster Verified By: _____ Date: _____ Loc: _____	Tournament Committee Stamp <div style="border: 1px solid red; padding: 5px; color: red;">NO Stamp NO Game</div>
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Boys Under 11 Mayors

Game Information

Round	Date & Time	Field	Venue	Coach / Manager						
				Team	Score	OT	PK			
Bracket B3 vs B4	1/24/2015 8:30:00 AM	02	SoCal Sports Complex	Home	ESL - San Clemente Real	Complete				<p>Make sure both teams have signed</p> <p>Return players passes once signed</p> <p>Remember to pull passes for any Send Offs or Dismissals</p>
					Irvine Slammers FC - 0315 - B03 B					
Bracket B1h vs B3	1/24/2015 12:30:00 PM	01	SoCal Sports Complex	Away	ESL - San Clemente Real					
					Oceanside Breakers -B03(Bu11)BI					
Bracket B2 vs B3	1/25/2015 11:10:00 AM	02	SoCal Sports Complex	Away	ESL - San Clemente Real					
					Arsenal FC - San Diego BU11 Pre					
Round 32										
Round 16										
Quarter Final										
Semi Final										
Final										

Game	Referee Section			Referee Comments
	Coach Name Print Clearly	USYSA (White card ID#)	Center Referee Name Print Clearly	Please provide player jersey # and infraction for cards issued and any game comments.
1	MUST be filled in for every game		Write your name legibly	Red Cards and serious injuries, no yellow card comments
2				
3				PULL player passes or coach pass on Send Offs or dismissals, turn in with Game Card to Referee Coordinator, inc 2C.
4				
5				KEEP each games comments to ONE line.
6				If you need more than one line you probably need a supplemental
7				
8				Supplemental Reports are needed on all Red Cards or Dismissals (Except for 2C) and on all Serious Injuries. For 2C simply note on respective team's Game Card. PULL PASSES!
9				

These Game Cards MUST be returned to the Referee Coordinator!

 DO NOT give back to coaches or managers.