



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 _____



Soccer Coach's Checklist:

Nets	
Corner Flags	
Linesman's Flags	
Whistles	
Drink Bottles	
First Aid Kit	
Ice & plastic bags	
Mobile Phone	
Valuables Bag	
Team Shirts / Shorts	
Oranges/ Drinks	
Match Ball	
Keys – Bus / Rooms etc.	
Linesmen	
Referee's Remuneration	
Score Sheet	
Statistics - Helpers etc.	
After Match Arrangements	

**Additional
Comments:**
