

OFFICIAL LINEUP CARD

REGION	AGE GROUP	TEAM #	DATE
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			
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Age Group	Each Half, not to exceed	Duration of the Game, not to exceed	Ball Size		
U-19	45 Minutes	90 Minutes			
U-16	40 Minutes	80 Minutes	Size 5		
U-14	35 Minutes	70 Minutes			
U-12	30 Minutes	60 Minutes	Size 4		
U-10	25 Minutes	50 Minutes	Size 4		
U-8	20 Minutes	40 Minutes	0: 0		
U-6	20 Minutes (10 min recommended)	40 Minutes (20 min recommended)	Size 3		
Reorder #CS004-7 REV					

Reorder #CS004-7

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No.	PRINT PLAYERS NAME	Go Sco	als red	"Qtrs." Not Play		yed 4	

Age Group	Each Half, not to exceed	Duration of the Game, not to exceed	Ball Size
U-19	45 Minutes	90 Minutes	
U-16	40 Minutes	80 Minutes	Size 5
U-14	35 Minutes	70 Minutes	
U-12	30 Minutes	60 Minutes	Size 4
U-10	25 Minutes	50 Minutes	Size 4
U-8	20 Minutes	40 Minutes	0: 2
U-6	20 Minutes (10 min recommended)	40 Minutes (20 min recommended)	Size 3
			251/3/04

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REV 7/04 Reorder #CS004-7

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