

MIDDLESEX MASTERS SOCCER LEAGUE

(Por					11	Indoor Team Sheet				
N.C		Date:			Kick-	off Tin	ne:		Game #:	
IVI	MSL		Division:					League \Box Cup \Box		
	Home Team:	Score Away Team:					THIS SECTION TO BE			
			VS.						COMPLETED BY REFEREE!	
								Please submit Copy 1 to:		
Team Name: Team No:								Middlesex Masters Soccer League c/o BMO Centre		
#	Last Name	First N	•	O.S.A. No	G Y		R	Middlesex Masters Soccer League Mail Box. Located in office		
									And a Copy along with any reports of misconducts, referee assaults cautions & dismissals, to:	
									Elgin Middlesex Soccer Association	
									c/o Discipline Manager BMO Centre	
									295 Rectory St. London, ON N5Z 0A3	
									Must in the mail Box within 48 hours	
									1. Time team sheet rec'd: 2. Officials' time of arrival:	
									3. Game's actual start time:	
									4. Game delay (if any) caused by:	
									5. Protest lodged before the game If yes by whom	
									ii yes by wildin	
Masks are mandatory within the Centre. During play is the only time masks do not have to be worn; they must be worn once exiting the field or using washroom facilities 6. Was officials' fee provided within 10min of the										
Players must maintain physical distancing before and after the game; please do not congregate in the halls or behind the fields										
 Attendance is mandatory; managers are responsible to take attendance prior to the beginning of the game and provide a copy to the admin office 7. Was the OSA ID Cards checked: no yes not yet. 										
Players are permitted to arrive no earlier than 15 minutes prior to their game and must be dressed – no showers or change rooms available at this time										
Players will be provided with a designated area to meet their team and place their belongings prior to the game										
• spectate	All patrons watchin ors are permitted on t				the upstairs mez	zzanine	/track;	; no		
									Referee's Name:(please print)	
•	No contact celebrations; handshakes, fist/elbow bumps, high fives Referee's Signature:									
Team Officials' Names (please print) Initials OSA #										
Manager: : : :										

PLEASE USE CLIPBOARD AND PRESS HARD!

Copy 1 - To League

Copy 2 - To Team

INSTRUCTIONS TO TEAM OFFICIALS: Please send a copy of the team sheet to BMO no later

DO NOT send multiple game sheets in advance

then Noon (12:00 pm) the day of you scheduled game.

INSTRUCTIONS TO REFEREE: Fill in all areas of the game

sheet before providing copies to the teams.