Date:				Kick-off Time: Division: Away Team:				Game #: League Cup THIS SECTION TO BE COMPLETED BY REFEREE! Referees:	
IVI	Location:								
Home Team: Score VS.			Score						
Team Na	ıme:		Tea	m No:					Please submit 1 Copy to:
Jersey	Last Name	O.S.A. No	O.S.A. No G Y R			_BMO Office			
									And, please return each team a copy of their completed game sheet. (for their records and website updating) WEBSITE INFO MUST BE INPUTTED
									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 6. Was officials' fee provided prior to kick-off? 7. OS Cards Checked: no yes Note: Cards can only be checked before kick off, and should not delay the kick off. Approved EMSA rosters and cards must be present, (at all games).
Team (Officials' Names (please prin	t)		Initials	O	SA#		Any player showing up after cards are checked,must have his or her card check prior to taking the field. Referee's Name:
	CTIONS TO TEAM OI	FFICIALS: PI	ease p	rovide al	l copies of the tea	m shee	ets to th	ne	(please print) Referee's Signature:
INSTRU Fill in a Copy 1	JCTIONS TO REFERE Il areas of the game - To League, Via BI - Back to specific to	e sheet befor MO Office	re pro	viding	copies to the t	ceams	5.		