



Illinois State Soccer Association

State Cup Official Match Roster

Game Date _____ Division _____ Location _____

Team Roster _____ Opponent _____

Game # _____

*** UP TO 18 PLAYERS MAXIMUM CAN BE SELECTED FOR THE MATCH ROSTER ***

	CHECK IN <small>(REF SIGN-IN)</small>	JERSEY #	PLAYER NAME	PASS ID#	GOALS		CARDS		*INJURY
					1 st Half	2 nd Half	Yellow	*Red	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

* Ref. Report Required

Final Score: _____ to _____		Winner: _____	
Game Time Start: _____ End: _____		Referee: _____	
MGR Name (PRINT)		Assistant Referee 1:	
MGR Signature		Assistant Referee 2:	4th:

REFEREE: Mail COMPLETED REPORT within 24 Hours to:

ISSA, 2775 Algonquin Rd, Ste 240, Rolling Meadows, IL 60008

Or Scan and email to :

ILStateSoccer@gmail.com

www.illinoisoccer.org/