



TORONTO CENTRAL SOCCER CLUB LAMPOR T GAME SHEET

DATE	TIME 4:00 <input type="checkbox"/> 5:00 <input type="checkbox"/>	TEAM NAME	OPPONENT'S NAME
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	SHIRT #	PLAYERS NAME	SIGNATURE	SCORE	C	E
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
SUBSTITUTES						
1						
2						

REFEREE (print name)	SIGNATURE
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SPECIAL INCIDENTS TO REPORT BY REFEREE: