Pickering Soccer Club

EXHIBITION GAME SHEET - *Return to Pickering Soccer Club Administrator*

DATE: _____ **KICKOFF TIME:** _____

LOCATION: _____ **AGE GROUP:** U- _____ ☐Boys ☐Girls

HOME TEAM: _____ **AWAY TEAM:** _____ **REFEREE:** _____

SHIRT COLOUR: _____ **SHIRT COLOUR:** _____

HOME TEAM

Jersey #	Player's Name	Goals: 1st	/ 2nd	/ Total

VISITING TEAM

Jersey #	Player's Name	Goals: 1st	/ 2nd	/ Total

HOME TEAM SCORE _____

Coach Signature: _____

Manager Signature: _____

AWAY TEAM SCORE _____

Coach Signature: _____

Manager Signature: _____

DESCRIBE ANY GAME RELATED INJURIES ON BACK OF THIS SHEET.