NAME (*PLEASE PRINT*)	No.	CYSA No.
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NAME (*PLEASE PRINT*)	No.	CYSA No.
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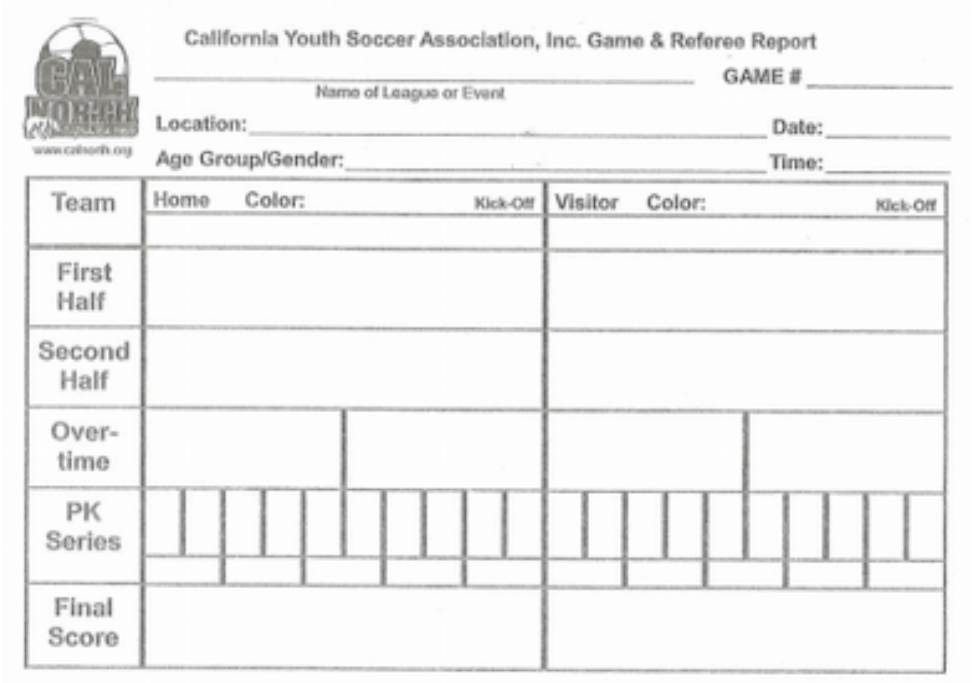

California Youth Soccer Association, Inc. Game & Referee Report

Name of League or Event GAME # _____

Location: _____ Date: _____

Age Group/Gender: _____ Time: _____

Team	Home Color: Kick-Off	Visitor Color: Kick-Off
First Half		
Second Half		
Over-time		
PK Series		
Final Score		

REFEREE COMMENTS: