**PLEASE TYPE IN ALL INFORMATION - HANDWRITTEN FORMS WILL NOT BE ACCEPTED**

Elgin Middlesex Soccer Association
295 Rectory Street
London, Ontario N5Z 0A3
Tel: (519) 668-2391
Email: emsada@rogers.com

# EXHIBITION GAME SHEET

DATE: _____ KICKOFF: _____

LOCATION: _____AHEG#_____

REFEREE:_____
OSA# _____

**** Please complete and return to the EMSA upon completion of the game. Thank you.**

| | HOME TEAM:(with OSA ID#) | | SCORE 1st | SCORE 2nd |
|---|---|---|---|---|
| Jersey # | Player OSA # | Player Name | | |
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| | FINAL SCORE | | | |

COACH:_____ OSA#_____

ASST. COACH:_____ OSA#_____

MANAGER:_____ OSA#_____

| | AWAY TEAM:(with OSA ID#) | | SCORE 1st | SCORE 2nd |
|---|---|---|---|---|
| Jersy # | Player OSA# | Player Name | | |
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| | FINAL SCORE | | | |

COACH:_____ OSA#_____

ASST. COACH:_____ OSA#_____

MANAGER:_____ OSA#_____