## SBPSL P.O. Box 1070 Torrance, CA 90505

## SOUTH BAY PENINSULA SOCCER LEAGUE

DATE	FIELD
TM #	DIVISION:

**TEAM NAME** 

COLORS	<b>OPPONENT#</b>
COLONS	

COLORS	OTT OT (ET (T))	
Jersey	PLAYERS NAME	Goals
No.	(must have ID card)	Scored

CAUTIONS				
#	TEAM	#	TEAM	
	O	VER		

tolc			
MANAGER'S NA	ME		
TEAM 1st KICK (	OFF		
TIME	FIELD		
HALFTIME SCO	RE		
IN FAVOR OF			
FINAL SCORE _			
WINNING TEAM	<u> </u>		
LOSINGTEAM_			
		YES	NO
FIELD MARKED (	CLEARLY		
3 PROPER BALLS			
PROPER NETS			
FIELD FLAGS OR	CONES (4)		
REFEREE_COMM			
	REFEREE P	RINTED I	NAME
	REFERE	SIGNAT	URE
D			

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