DANNY PELLEGRINI CLASSIC 2020
GAME SHEET

Date:	
Field:	
Kick Off Time:	
Age Division:	
Male:	**Female:**

Home Team: _____ **VS** **Away Team:** _____

FINAL SCORE

HOME ☐ **VS** **AWAY** ☐

YOUR TEAM NAME:

SHIRT NO.	PLAYER NAME	OSA #	CAUTIONS/ EJECTIONS	GOALS SCORED

Colours:	**Total Goals**
Coach/Manager Name:	
Coach/Manager Signature:	

CAUTIONS (Name & Shirt Number): Attach a completed OSA Caution Report for all Cautions	**Other Comments on Spectator/Player Behaviour:**
EJECTION (Name & Shirt Number): Attach a completed OSA Caution Report for all Cautions	**Referee Name:** **Badge Number** **Referee Signature:** **Linesman Name:** **Linesman Name:**