

PLACE  
STAMP  
HERE  
POST OFFICE  
WILL NOT  
DELIVER

RETURN ADDRESS:

California Youth Soccer Association, Inc. Game & Referee Report

Name of League or Event: GCYSL  
Field Location: HENNESSY Date: 9/8/07  
Age Group: U10 M Time: 1:00

Team	Home		Visitor	
	BLUE	Kick-Off	WHITE	Kick-Off
First Half	11		211	
Second Half		1		11
Over-time	+			
PK Series				
Final Score	(3)		(5)	

PRINT NAME SIGNATURE

1. Referee: JIM OEBKOR [Signature]

2. Assistant Referee: DAVE PISTONE [Signature]

3. Assistant Referee: \_\_\_\_\_

REFEREE: Are you currently a USSF licensed referee?  yes  no Grade: \_\_\_\_\_

RED CARDS REQUIRE SEND-OFF REPORT TO BE SUBMITTED WITHIN 24 HOURS

Referee's comments: IF PLAYER JOHNSON CONTINUES TO  
SLOPE AFTER VERBAL WARNINGS.  
SHOWN YELLOW CARD. ADVISED  
COACH.

