Maryland State Cup Official Match Roster and Report

Team Name: _____ **Match Date:** _____

Team Age Group and Gender: _____ **Match Location:** _____

Jersey Color: _____ **Match Time:** _____

Is your team: _____ **home** _____ **away** **Opponent:** _____

List players in **alphabetical order** by last name, first name; signature required at match site on day of game

Uniform Number	Player Name (last name, first name)	Signature of Player (must match card)	Game Active	Referee Use Only	
				CAUTION	SENT OFF

Opposing Team Official's Initials: _____

Center Ref: _____

AR 1: _____

AR 2: _____

Final Score: _____ **home** _____ **away**

If extra time was needed:
Score of penalty kicks: _____ home ____ away

Post Match Signature of Team Official: _____+

(Signature acknowledges accuracy of Match Score and Cards Given)

A copy of the team's official MSYSA roster must be attached to this match report