

South Boston Youth Soccer Score Sheet

PLEASE PRINT NEATLY:

Date Game Played \_\_\_\_\_

Age Division \_\_\_\_\_

Winning Team Name \_\_\_\_\_

Sponsor \_\_\_\_\_

Coaches Name \_\_\_\_\_

Opponents Team Name \_\_\_\_\_

Sponsor \_\_\_\_\_

Team Name \_\_\_\_\_

Coaches Name \_\_\_\_\_

GOALS SCORED BY :( PLAYERS NAME)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OUTSTANDING PLAYERS (PLAYERS NAME)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE DEPOSIT THIS SHEET IN THE BOX IN THE CLUBHOUSE CONCESSION STAND OR IF CLOSED

BRING IT TO **DIANNE HORNE AT 373 WEST 2<sup>ND</sup> STREET** IN ORDER FOR IT TO

BE PUT IN PAPER IT MUST BE TURNED IN BY SUNDAY NITE.