



# Illinois State Soccer Association

## State Cup Official Match Roster

Game Date \_\_\_\_\_ Game Time Start \_\_\_\_\_ End \_\_\_\_\_

Division \_\_\_\_\_ Game # \_\_\_\_\_

Field Name/Location \_\_\_\_\_

Home Team \_\_\_\_\_ Away Team \_\_\_\_\_

(check one)  Home Team Lineup  Visiting Team Lineup

	PRESENT (REF SIGN-IN)	JERSEY #	PLAYER NAME	PASS ID#	GOALS		CARDS		*INJURY
					1 <sup>st</sup> Half	2 <sup>nd</sup> Half	Yellow	*Red	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									

\* Ref. Report Required

PRESENT (REF SIGN-IN)	COACH NAME	PASS ID#
1		
2		
3		

Final Score: _____ to _____ Winner: _____	
	Referee: _____
MGR Name (PRINT)	Assistant Referee 1: _____
MGR Signature	Assistant Referee 2: _____

**REFEREE:** Mail COMPLETED REPORT within 24 ISSA, 2025 S Arlington Heights Rd, Ste 111, Arlington Heights, IL  
Or Scan and email to: ILStateSoccer@gmail.com