



Illinois State Soccer Association

State Cup Official Match Roster

Game Date _____ Division _____ Location _____

Home Team _____ Visitors _____

Game # _____ (check one) Home Team Lineup Visiting Team Lineup

*** UP TO 18 PLAYERS MAXIMUM CAN BE SELECTED FOR THE MATCH ROSTER ***

	PRESENT (REF SIGN-IN)	JERSEY #	PLAYER NAME	PASS ID#	GOALS		CARDS		*INJURY
					1 st Half	2 nd Half	Yellow	*Red	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									

* Ref. Report Required

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

REFEREE: Mail COMPLETED REPORT within 24 Hours to: **ISSA, 2775 Algonquin Rd, Ste 240, Rolling Meadows, IL 60008**
 Or Scan and email to : **ILStateSoccer@gmail.com**