

**RIVER CITY YOUTH SOCCER LEAGUE
MATCH REPORT FORM**

MATCH DATE: ___/___/___ **TIME:** _____

FIELD: _____

AGE GROUP: UNDER _____ **BOYS** **GIRLS**

HOME TEAM: _____

CLUB: _____

VISITING TEAM: _____

CLUB: _____

FINAL SCORE: HOME _____ **VISITORS** _____

FIELD PROBLEMS: Send to Club Manager Home Team

(Circle) unavailable / delayed / missing flags /nets / poor lines / too wet /other

PROBLEMS WITH OTHER TEAMS: Send to both Club Managers.

(Circle) no show / late / too rough / rude coach / rude parents / bad language / other

PROBLEMS WITH REFEREES: Send to League Referee Coordinator

(RCYSL Fax # 916-362-8540).

(Circle) Less than three / uniform / officiating / rules / control / too young / other

OTHER PROBLEMS:

YOUR NAME: _____(PRINT)

Coach

Parent

Referee

Other

PHONE NUMBER: _____

TODAY'S DATE: _____

**RETURN OR FAX THIS TO APPROPRIATE PERSON
AS LISTED ABOVE WITHIN 24 HOURS**