



2025 Soccer De Mayo Roster



Age Group: _____ Team Name: _____ Team ID#: _____

Tournament 2025 Soccer De Mayo Division: _____

Game # _____ Date _____ Time _____ Venue SilverLakes Sports Complex Field _____

Team Names	Reg Score	OT Score	PK Score	Coach or Manager Verify
HomeTeam:				
AwayTeam				

Print Center Ref Name _____ AR1 _____ AR2 _____

Check-In Codes: R = Red Card Sit Out,  = Medical Sit Out  = Ref Check-In ~~Player Name~~ = Inactive

	Jer #	Last Name, First Name	Player ID #	Check-In	Goal	Card	Reason
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							

Card Codes: E=Ejection, M=Injury, C=Caution **Card Reason Codes:** 2C=Double Caution, IRB=Irresponsible Behavior, SFP=Serious Foul Play, VC=Violent Conduct, DGF=Denies Goal Foul, DGH=Denies Goal Handling, SPT=Spitting, FAL=Foul Abusive Language.

Coaches and Administrators:

	Admin	Name	Lic	Check-In	RM Status	Phone
1	HC					
2	TM					
3						
4						

Referee Feedback

Were the referee(s) respectful towards all match participants? Yes ☐ No ☐

Did referee(s) keep up with play? Yes ☐ No ☐

Did referee(s) keep players safe? Yes ☐ No ☐

Missed call directly affecting outcome of the match? Yes ☐ No ☐

Coach Feedback

Did the Coach(es) respect all players and opponents? Yes ☐ No ☐

Did Coach(es) constantly question referee decisions? Yes ☐ No ☐

Did Coach(es) help with sideline behavior? Yes ☐ No ☐

I hereby certify the above information is TRUE and Correct:

Manager or Coach Signature: _____ Date: ____/____/____

Tournament Committee Comments: