MAYSA Game Report

Game Date: _____ Division: _____ Team Name: _____

Please Type or clearly print.
Game day roster size is limited to **18 players** including Club Pass Players.

Home Team	**Score**
Away Team	**Score**

To be completed by Referee:

Field:	
Start Time:	

Referee Names & Phone Numbers:

Cntr:	**,( )**
AR:	**,( )**
AR:	**,( )**

Coach Check-In (circle one):

Coach has State-Issued Pass:	**Y / N**
License Level on Pass:	**A / B / C / D / E / Y**

Sportsmanship Points (cirle one):

Players:	**1 / 2 / 3 / 4 / 5**
Coaches:	**1 / 2 / 3 / 4 / 5**
Spectators:	**1 / 2 / 3 / 4 / 5**

1=Poor, 2=Low, 3=OK, 4=Good, 5=Great

*In the event of cards given, please mail **within 24 hours** to:
MAYSA, 5964 Executive Drive, Suite 1, Madison, WI 53719

**In the event of a red card issued to a coach or a player, please include pass with this form.

Jersey #	**Player's Name**	**Yellow Card**	**Red Card**

Club Pass Players (4 Maximum)

Please verify age group & division players are registered to.

	Name:	**Phone # :**
Coach:		
Manager:		

Age Group	Rec.	Classic/State
U8	$10	-
U9-U10	$15	-
U11-U12	$25	$25/15/15
U13-U14	$30	$30/20/20
U15-U16	$30	$40/25/25
U17-U19	$30	$50/30/30

Ref. Fees