CALIFORNIA YOUTH SOCCER ASSOCIATION, INC.

HOME TEAM: _____

NAME (*PLEASE PRINT*)	#	CYSA I.D. #
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TEAM OFFICIAL: _____

CALIFORNIA YOUTH SOCCER ASSOCIATION, INC.

VISITING TEAM: _____

NAME (*PLEASE PRINT*)	#	CYSA I.D. #
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TEAM OFFICIAL: _____

REFEREE COMMENTS:

ALL SEND OFF REPORTS AND ANY CORRESPONDING COACH OR PLAYER PASSES FOR GAMES REMAINING TO BE SERVED MUST BE MAILED WITHIN 24 HOURS OF THE CONCLUSION OF THE MATCH TO THE APPROPRIATE LEAGUE/DISTRICT.