KASSAA
Soccer Score Sheet

Date: _____ Time: _____ Boys / Girls

Location: _____ Junior / Senior

HOME:		Colour:		VISITORS:		Colour:	
#	Player Name (print)	Card	Goal	#	Player Name (print)	Card	Goal
Manager: _____		TOTAL GOALS		Manager: _____		TOTAL GOALS	
Coach: _____				Coach: _____			
Signature: _____				Signature: _____			

Referee Name (print): _____ Assistant: _____

Phone #: _____ Signature: _____ Assistant: _____

WINNING COACH OR HOME COACH (IF TIE)
REPORT RESULT TO:

1. Rob Druce — Phone: 613-389-7347 or Fax: 613-389-2680
   E-mail: r.druce@cogeco.ca
2. Local Media — Whig: 613-530-4127 CKWS: 613-544-2340
   Whig E-mail: whigsports@thewhig.com

Please Fax Game Sheet to Losing Coach / Away Coach

BSS:	613-389-3135	MR:	613-548-0663
ESS:	613-386-3342	NDSS:	613-354-1206
FSS:	613-389-8042	QE:	613-546-5008
HC:	613-384-8665	RND:	613-548-4024
KCVI:	613-544-8795	SLHS:	613-279-3326
LSS:	613-545-9220	SHS:	613-376-3442
LCVI:	613-546-0177		