REFEREE: Please mail game card no later than the following Tuesday to: Hawaii Spring League, c/o 990 Ala Nanala St., #15C, Honolulu HI 96818

# Hawaii Spring League Game Card

Team Name: _____ Jersey Color: _____

Team Code: _____ Alternate Color: _____

Game No.: _____ Half Score: _____ In favor of: _____

Date: _____ Final Score: _____ In favor of: _____

Time: _____ Print Signature

Home: _____ Referee: _____

Visitor: _____ AR1 (Club): _____

Field: _____ AR2 (Club): _____

| Admin ID | Role | Last Name, First Name | YC | RC | Comments |
|---|---|---|---|---|---|
| | Head Coach | | | | |
| | Assistant Coach | | | | |
| | Assistant Coach | | | | |
| | | | | | |

| Player ID | Jersey # | Alt # | Last Name, First Name | Goals | YC | RC | Comments |
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Player / Coach Cautions and/ or Send offs: _____

_____

Spectator Comments: _____

_____

Field Notes: _____

_____

I certify to the best of my knowledge the player and coach information above is true and correct.

_____ _____ _____

Print Name Signature Date

HSL rev. 01/2010