



Cochrane Rangers
Soccer Club
**COCHRANE CUP
GAME SHEET**

(Referees please return to managers after game; managers complete referee evaluation and return to tournament organizers ASAP)

TEAMS: _____ **VS** _____

GAME TIME: _____ **FIELD:** _____

	PLAYER LIST	GOALS	CARD #
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

COACHES RATE YOUR REFEREE (OUT OF 10)

REFEREE: _____

(return completed form asap to Cochrane Cup Tournament organizing table)