LBYSO REC U8 + LINEUP FORM

Division _____

Team # & Name _____

Team Colors _____

Head Coach _____

Asst. Coach _____

#	Player Name	Goals	Yellow	Red

Date: _____ **Time:** _____ **Field:** _____

Halftime Score: _____ **to** _____ **in favor of Team:** _____

Final Score: _____ **to** _____ **Winning Team:** _____

Opposing coach's signature: _____ **Team #** _____

Division	Duration	Halftime	# Players	Overtime playoff only	Ball Size	Offside
U14	70 Min	10 min	11v11	15 Min	5	Yes
U12	60 Min	10 min	9v9	10 Min	4	Yes
U10	50 Min	10 min	7v7	10 Min	4	Yes
U8	40 Min	10 min	6v6	10 Min	3	Yes

- All players must play at least 50% of the game.
- Sideline coaching is limited to two per team. No coaching behind goal.
- Coaching is limited to sidelines up to 10 yards from midfield.
- Heading - no heading in games involving players first year U12 and under

REFEREE'S REPORT

Disciplinary action & notes: _____

Referee's signature: _____

Linesman's signature: _____

Linesman's signature: _____

REFEREE: PLEASE PRINT NAME CLEARLY

_____ **Date:** _____