

# Black Swamp Soccer League Roster Verification Report

Game Time \_\_\_\_\_ Date \_\_\_\_\_ Division U-\_\_\_\_\_  
Teams Score

Home Team \_\_\_\_\_

Visiting Team \_\_\_\_\_

Referee Signature

By signing I am stating I have verified  
the certified roster with the players.

Coaches Signatures

Home Coach \_\_\_\_\_

Visiting Coach \_\_\_\_\_

By signing I affirm, the referee has verified the  
teams roster and all players participating in this  
game are the players listed on the certified team roster

*Signed report must be returned to Assignor.*

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**Game Conduct Rating**

Circle one  
Worst      Best

Home Team   Coaches   1 2 3 4 5  
                   Players   1 2 3 4 5  
                   Parents   1 2 3 4 5

Visiting Team Coaches   1 2 3 4 5  
                           Players   1 2 3 4 5  
                           Parents   1 2 3 4 5

C/E	#	Name & Team	Reason

Notes \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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Worst      Best

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Notes \_\_\_\_\_  
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Notes \_\_\_\_\_  
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Notes \_\_\_\_\_  
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