2019-20 LINE UP CARD

THIS COMPLETED FORM IS TO BE TURNED IN TO THE REFEREE PRIOR TO THE MATCH

DATE OF GAME:_____ **TIME OF GAME:**_____ **SITE:**_____

GENDER:_____ **AGE GROUP:**_____

TEAM NAME: _____

YOUR TEAM JERSEY COLOR:_____

OPPONENT FOR GAME:_____

The following players are eligible to play in today's game.

No.	LAST NAME, FIRST NAME

List all Team Bench Personnel (Maximum of 4)

	Name	Position with team
1		
2		
3		
4		

If applicable…

The following players are on the Team Roster but are not one of the 18 players eligible to play in today's game

1 _____
2 _____
3 _____
4 _____

I hereby certify that the players listed are properly registered with US Youth Soccer and are eligible to play per NL Rules.

_____
Signature of Team Coach or Manager

_____
Print Name of Team Coach or Manager

No changes permitted to the list of Eligible Players (maximum of 18) once match kicks off

*Referee's Signature:*_____ *Print Name:*_____ *Date:*_____