UNITED STATES ADULT SOCCER ASSOCIATION

Cup Game Report Form

TEAM MANAGERS: Please fill in all pertinent information and present to the referee prior to the game.

☐ Men's Open ☐ Men's Amateur ☐ Men's O-30 ☐ Men's U-23

☐ Women's Open ☐ Women's Amateur ☐ Women's O-30 ☐ Women's U-23

Round: _____ **Date** _____ **Field:** _____ ☐ **Intrastate**

TEAM NAME: _____ ☐ **Interstate**

Colors: Primary Shirt: _____ Shorts: _____ Socks: _____

Alternate Shirt: _____ Shorts: _____ Socks: _____

Home Team

Halftime Score		**vs.**	
	Home		Visitor

Visiting Team

Final Score		**vs.**	
	Home		Visitor

☐ **HOME TEAM LINE-UP** Check one ☐ **VISITING TEAM LINE-UP**

Mark Starters & No's				**Last Name**	**First Name**	**Substitution**		**Goals**					
	Start	Sub	No.			IN	OUT	Minute					
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