For Referee Payment Mail or Fax to:
C F S L
499 N. SR. 434 – Ste: 2021
Alt. Spgs, FL. 32714
OFFICE 407 - 869 - 1070
FAX 407 - 869 - 9243

CENTRAL FLORIDA SOCCER LEAGUE GAME ROSTER

Red Cards: Send in USSF Game Report and supplemental if needed. Mailed to league office no later than 24 hours after game. Red cards to be enclosed. (If team cards withheld send all in a padded envelope.)
Yellow Cards: Notate below player received yellow card (These are tracked for suspension/fine purposes.)

	REFEREE	AR1	AR2	AR3
NAME:				
ADDRESS				
CITY, ST, ZIP				
PHONE				

DATE		
FIELD NAME		SCORE
HOME TEAM		
AWAY TEAM		

TEAM				DIVISION			
CAPTAIN				JERSEY COLOR			
STATE PASS	J #	PLAYER NAME	YC	STATE PASS	J #	PLAYER NAME	YC