
 <b>YOUR PAY STUB</b>	Division: U ____ (Boys / Girls)    Month: _____    Day: _____    Year: _____				<b>M H Y S C</b>	
	Start Time :    :	Second Half Time :    :	End Time :    :	Kick-off by <input type="checkbox"/> Home <input type="checkbox"/> Away		
Home Team		Team Captains	Away Team			
Names & Colours		Final Score				
Score	First Half	Second Half		First Half		Second Half
<b>Goalie #</b>						
Caution & Dismissal	Name/Number	Offense	Name/Number	Offense		
Coaches' Signature						
Referee's Signature	(For Assistant Referee)	Asst Ref	Asst Ref	<b>Referee should enter Asst ref #</b>	Field Name/# Your Ref. #	

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