

24th ANNUAL THE FOX & THE HARE SOCCER TOURNAMENT

U16U19 Time Monitoring Card



Note: This form must be prepared by a Time Monitor that is independent from either team.

		Division:	G	U:	_	BU:		-	Date:			Game	Time:				Field#:		
sey	Player Name		1st Half - Time Out of Game 2nd Half 5 10 15 20 25 30 35 40 45 5 10 15 20																
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Coach:		Team Name/Number:														Re	egion#:						
	Division:		GU:			BU:			Date:			Game Time:						Field#:					
Jersey	Player Name			1st	Half -	Time O	ut of Ga	ame				2nd Half - Time Out of Game											
No.	Last, First	5	10	15					40	45	_	5	10	15	20	25	30	35	40	45	Total		
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	(print name)		_	O.g.						(sign	name)				-				VO	MOFF		
By signing this	s time card I certify that I am not associated with th	is team	ı. I will	turn in	this tim	necard	to the t	ournam	nent offi	cials ir	mmed	diately	followir	ng the c	ame.				LA	75 l	CCER.		