

TEAM NAME _____

DIV: _____

HEAD COACH _____

| OFFENSE | | | | DEFENSE | | | |
|---------|--------------|-------------------|--|---------|-------------|-------------------|--|
| NO. | PLAYERS NAME | 12 PLAY CHECKLIST | | NO. | PLAYER NAME | 12 PLAY CHECKLIST | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |

FOR PLAYERS WHO WILL PLAY BOTH OFFENSE AND DEFENSE SIMPLY DRAW A LINE ACROSS FROM OFFENSE TO DEFENSE TO SHOW "BOTH WAYS"

| SUBSTITUTES | | 12-PLAY CHECKLIST | | | | | | | | | | | |
|-------------|--------------|-------------------|---|---|---|---|---|---|---|---|----|----|----|
| NO. | PLAYERS NAME | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | |

NOTE: The Mandatory 12-PLAY AUDIT SHEET is to be completed by a representative of your team DURING GAME PLAY under audit. Completed Duplicate forms **MUST BE** turned in to the Field Commissioner directly after each game and the other copy maintained by your Head Coach throughout the season. Coaches shall list every player on the roster and state any reason why that player is not participating. (Discipline, Injury, Illness, Drop) **LIST ALL PLAYERS IN NUMERICAL ORDER**

FINAL SCORE: _____ **AUDITOR:** _____ **DATE:** _____

Turn in original to Game Commissioner immediately after game, copy to Head Coach.

Referee: _____