

# APS 1<sup>ST</sup> XI BOYS' / GIRLS' SOCCER

## Weekly Team and Match Report

Date: ___ / ___ / _____		Venue:	
<b>Home Team</b>		<b>Home team goals scored</b>	
<b>Visitors</b>		<b>Visitors goals scored</b>	

**Main XI Team:**

	Name	Position	Goals Scored	Best Players (indicate preferences 1,2 and 3)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

**Reserves:**

12.				
13.				
14.				
15.				
16.				

<b>Match Comments</b>	<b>Best Players (in order of preference)</b>
	School: _____
	1. _____
	2. _____
	3. _____
	4. _____
	5. _____

Signed: \_\_\_\_\_

First XI Results should be phoned or SMS to: Luke Soulos (0417 512 174) no later than 5.00pm on match day.  
Please return this form by Facsimile (9804 3630) by 10.00am on Monday.