
Indiana County Football Club

CAPTAIN'S MATCH REPORT

Team: _____

Opponent: _____

Score: Your Team _____

Date: _____

Opponent _____

Time: _____

Regularly Rostered Participants

Name	Goals	Assists	Played Goalie
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Opponent-Approved Alternates

(Alternates must not exceed having use of 1 sub)

Name	Goals	Assists	Played Goalie
1			
2			
3			

Match Notes

(Injuries, incidents, forfeits, equipment issues, awesome moments, suggestions, etc. Could be nothing.)

Completed By: _____

Signature: _____