

COLLEGIATESOCCERLEAGUE@GMAIL.COM

CHAIRMAN MOBILE: 0416 167 550

MATCH SHEET

DIVISION 1A 1B 2A 2B 3A 3B 3C 4 5 6 7 CUP

(COMPLETE ALL SECTIONS & PLEASE PRINT CLEARLY)

(PLEASE CIRCLE)

DATE		/ / 20		2023	123 KICK-OFF TIME		AM / PM		G	ROUND										
HOME TEAM IS RESPONSIBLE TO PROVIDE FULL-TIME MATCH RESULT VIA UPLOAD TO CSL WEBSITE by 6:00PM FINES WILL APPLY FOR NON-COMPLIANCE											HALF TIN	IME	FULL TIME	EXTR	CORE RA TIME LF TIME	EXTRA T		PENALTIES		
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WHEN FU	ULLY	CON	IPLE.	TED: -	REF	EREE TO F	FORWAR	D TO:							esoccerleague		il.com			
				_						name the en	mail with	the following	ng convention	n: Div1A	A - TeamA vs T	TeamB		MATCH D/	ATA.	