This lineup form is for CONTROLLED SUBSTITUTION (aka 'quarters')

Instructions: [1] Sort your players by jersey number.
[2] Fill in the form (values will copy to the other side, except date/time/field).
[3] Save (do not use 'Save As'). [4] Print and cut on the lines provided.

Official Lineup Form

REGION : _____ DIV _____ TEAM# _____

TEAM NAME _____

TEAM COLORS _____

COACH'S NAME _____

ASST. COACH'S NAME _____

No.	PLAYER NAMES	Goals Scored	Quarters Played 1	2	3	4

Date _____ Time _____ Field _____

Halftime Score _____ In Favor Of _____

Final Score _____ Winning Team _____

Losing Team _____

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For Best Results:
[A] Print on Card Stock
[B] In the print window, set Page Scaling to 'none'