14th Annual New Year's Kickoff

U16U19 Time Monitoring Card

Note: This form must be prepared by a Time Monitor that is independent from either team.

Coach: _____ **Team Name/Number:** _____ **Region#:** _____

Division: **GU:** _____ **BU:** _____ **Date:** _____ **Game Time:** _____ **Field#:** _____

Jersey No.	Player Name Last, First	1st Half - Time Out of Game									2nd Half - Time Out of Game									Total
		5	10	15	20	25	30	35	40	45	5	10	15	20	25	30	35	40	45	

Monitor Name: _____ **Signature:** _____

(print name) (sign name)

By signing this time card I certify that I am not associated with this team. I will turn in this timecard to the tournament officials immediately following the game.

PLAYSOCCER.

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