AYSO 16U/19U Founder's Cup

16U / 19U Monitored Substitution Time Record

Coach: _____ **Division:** _____ **Team Number:** _____

Field: _____ **Date:** _____ **Match Time:** _____

Fill out roster in jersey number order

Mark each column at the START of the indicated time in the half. Last column not used in matches with 40 minute halfs (16U). Extra time/OT and stoppage time not recorded.

If no change for multiple consecutive columns (other than blank), enter letter in first and last column and then draw a connecting line. Particularly if absent.

X – Substitute (Sitting Out), Blank – Player on the field, A – Absent or Sent-off (red card), I – Injured

Circle TOTAL if X Total is greater than BLANK Total

Jersey No.	Player Name	1st Half								19U Only		2nd Half								19U Only		TOTAL Marks (5 min)		
		0	5	10	15	20	25	30	35	40		0	5	10	15	20	25	30	35	40		Blank	X	A, I

Monitor Name: _____ **Signature:** _____

(print name) (sign name)

PLAYSOCCER™

I certify that I am not a coach of this team. I will supply this filled out record to the Referee immediately following the match and point out any abnormalities (i.e. less than half play) to them.