**TCSAAL 2014-2015 Soccer Stat Tracking Form** Page \_\_\_\_\_\_ of \_\_\_\_\_\_\_ Use multiple pages if needed

Name of School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Game\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Opponent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Winner of Game \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Score \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Player Number | Player Name | Goals | Assists | Goalie: Saves |
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I ,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the coach of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , certify that this document is accurate to the best of my abilities.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send all completed forms to [texascharter@gmail.com](mailto:texascharter@gmail.com) or fax to 512-291-6558 by the next school day.