

GAMEREPORT CAPRI OKANAGAN OLDTIMERS LEAGUE

Form to be e-mailed to Tim Penaluna within 24 hours: **timpenaluna@gmail.com**
Both teams to use the same form for each match. Home team to supply the form.

Date: _____ **Kick-Off Time:** _____ **Location:** _____

Home team: _____ **Away team:** _____ **League:** O45 / O55

Home team:		Final Score:			Away team:		Final Score:		
No	<i>Initial and Last Name</i>	<i>Goals</i>	<i>Yellow</i>	<i>Red</i>	No	<i>Initial and Last Name</i>	<i>Goals</i>	<i>Yellow</i>	<i>Red</i>

Team Rep: Signature:	Team Rep: Signature:
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GAME COMMENTS: (Game comments can also be posted online: <http://admin.okanaganoldtimers.com>)

Referee:	Phone #:	Asst. Ref.:	Asst. Ref.:
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