



# THE GAMES @ AREA B

## U16 / U19 Free Substitution Time Monitor Record



Field: \_\_\_\_\_ Date: \_\_\_\_\_ Match Time: \_\_\_\_\_ Division: 16 19 B G

Coach: \_\_\_\_\_ Team Name: \_\_\_\_\_

Fill out a column at the START of the indicated time in the half. Last two columns not used in 30 minute half matches (Pool Play). Please label **Absent**, **Sent-off** (red card), **Injured**. For Substitutes please begin with a / when they begin to sit and then again with a / when they go back on the field, and connect the slashes with a solid line. Any Blank boxes means they player was on the field.

| Jersey No. | Player Name Last, First | 1st Half |    |    |    |    |    |    |    | 1st Half Total Time Out | 2nd Half |    |    |    |    |    |    |    | 2nd Half Total Time Out | Game Total |  |  |
|------------|-------------------------|----------|----|----|----|----|----|----|----|-------------------------|----------|----|----|----|----|----|----|----|-------------------------|------------|--|--|
|            |                         | 5        | 10 | 15 | 20 | 25 | 30 | 35 | 40 |                         | 5        | 10 | 15 | 20 | 25 | 30 | 35 | 40 |                         |            |  |  |
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Monitor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Field Monitor Initials: \_\_\_\_\_

(print name)

I certify that I am not associated with this team or am a referee. Will supply filled out record to the Referee immediately following the match and point out any abnormalities to them.