

Own team
 Opponent Team:
 Score:
 Game day:
 Time:
 Others:

	No.	Name:	Type	Foot	Goals	Strength	Weaknesses	Others
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								



