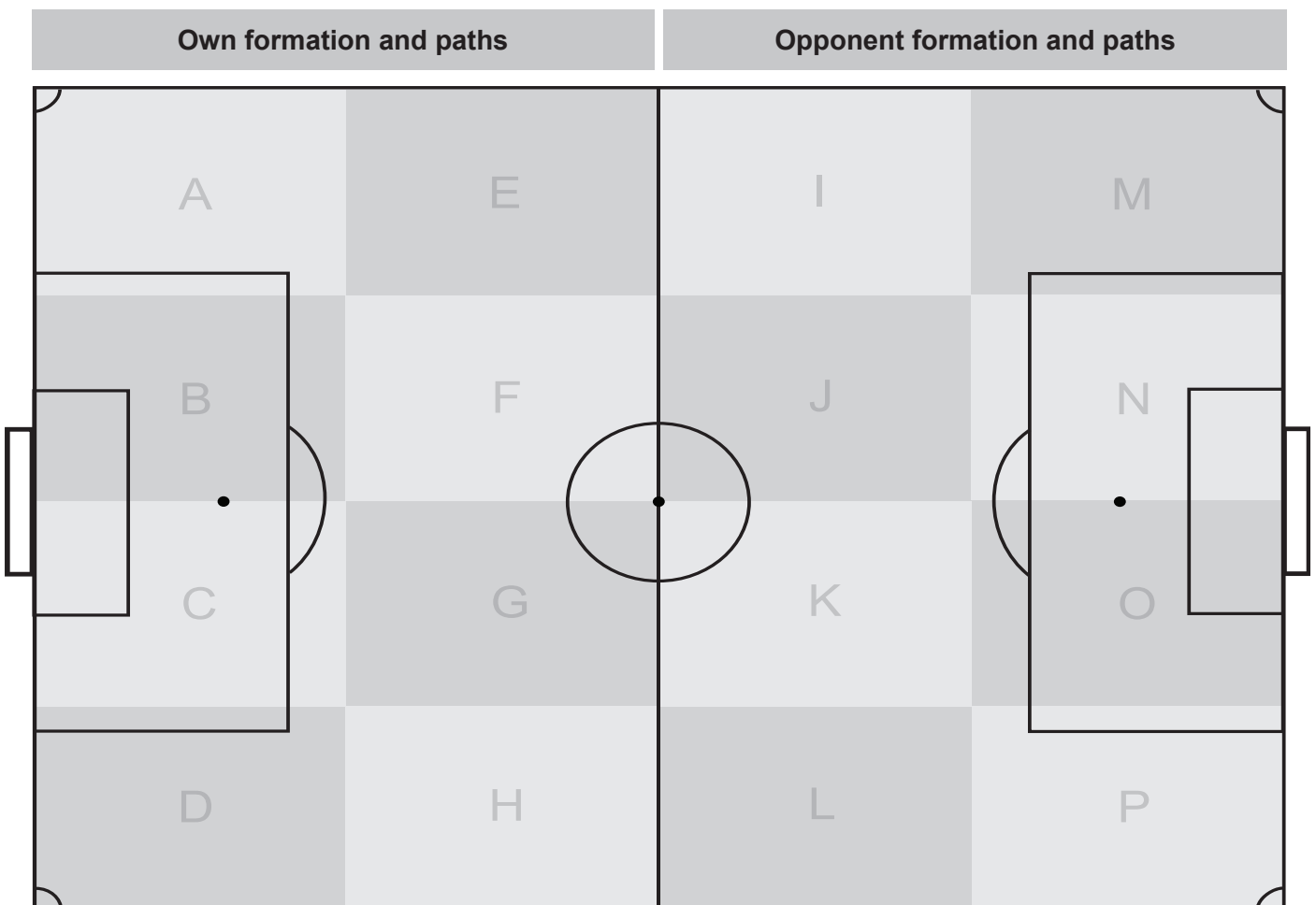


Own team     
  Opponent Team: .....     
 Score: .....  
 Game day: .....     
 Time: .....     
 Others: .....

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



Own team     Opponent team: .....    Game day: .....

Field	Happenings					
X						
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
N						
O						
P						

Notes / Comments

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