



Junior Soccer Players of the Game

One form for each game for both teams

The team # listed first should be responsible for getting both team's information to turn in.

Date of Game: _____
Age Group: _____ Division: _____
(U6-U8-U10) (Mixed or Girls)

Team #: _____ vs Team #: _____
Team Name: _____ Team Name: _____

Outstanding Player:
(Full Name (First & Last Name) - 2 Players Each Week)

Complete and email to: sdfreyberger@comcast.net
(No Later Than Monday 5pm) (Form available on website)

Names should be printed in following Thursday News-Enterprise subject to prompt return of information and available space in the newspaper.

Your objective should be to get every child's name in the paper at least once during the season.