

Frontier Country Soccer Association  
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### Report of FCSA Game Result

Age Group: \_\_\_\_\_  
(Please list competitive, recreational, girls, boys, and age group – CB12A or RB12-South for example)

Date Game was Originally Scheduled: \_\_\_\_\_

Date and Time Game Was Actually Played: \_\_\_\_\_

Name of your Team: \_\_\_\_\_ Score: \_\_\_\_\_

Name of Opponent: \_\_\_\_\_ Score: \_\_\_\_\_

Name of Person Submitting Report: \_\_\_\_\_ Team You are Affiliated With: \_\_\_\_\_

Telephone number, e-mail address, or mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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