



Seekonk Youth Soccer Publicity Sheet



Date of Game: _____

Division: _____

Home (White) Team

Name:	
<input type="checkbox"/>	Played a good/great all-around game
<input type="checkbox"/>	Showed excellent teamwork
<input type="checkbox"/>	Played with a lot of energy and team spirit
<input type="checkbox"/>	Showed good/great hustle
<input type="checkbox"/>	Played super offense
<input type="checkbox"/>	Played super defense
<input type="checkbox"/>	Had great ball handling skills and ball control
<input type="checkbox"/>	Had some great scoring chances
<input type="checkbox"/>	Scored a goal
<input type="checkbox"/>	Had some great saves (in goal)
<input type="checkbox"/>	Had excellent passing skills
<input type="checkbox"/>	Had some strong kicks
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Away (Blue) Team

Name:	
<input type="checkbox"/>	Played a good/great all-around game
<input type="checkbox"/>	Showed excellent teamwork
<input type="checkbox"/>	Played with a lot of energy and team spirit
<input type="checkbox"/>	Showed good/great hustle
<input type="checkbox"/>	Played super offense
<input type="checkbox"/>	Played super defense
<input type="checkbox"/>	Had great ball handling skills and ball control
<input type="checkbox"/>	Had some great scoring chances
<input type="checkbox"/>	Scored a goal
<input type="checkbox"/>	Had some great saves (in goal)
<input type="checkbox"/>	Had excellent passing skills
<input type="checkbox"/>	Had some strong kicks
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Please check at least 3 and provide players name in the space below the check