



SOCCER: SEASON RECORD FOR PLAY-OFFS

Please print clearly or type (preferred)

College: _____ Year: _____ Team: Men's or Women's

	DATE mm/dd/yy	OPPONENT (OP)	HOME/ AWAY	SCORE	W-L-T	OPPONENT %	POWER POINTS
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							

Non-Seeded Games:

All Games To Be Recorded::

W: _____ L: _____ T: _____

Total Power Points:

Athletic Director's Signature

Date

Coaches Signature

Date