MACFOOTOFTS02







Cross if Red Cards were issued:	
Cross if Yellow Cards were issued:	
Cross if NO Duty Officer present:	

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Comp	nd:																	
Roun	d:		Sche	eduled Date:														-
				Time:				Signature of Match Referee:									-	
Home	e Team:							,	Visiti	ng Team:								
		_											-					_
No	o. Given Name	Surname	REF	Signature	T	Y	R	T	No.	Given Name	Surname	REF	Sign	ature		Y	Y	R
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Home Team Officials	Given Name	Surname	Υ	Υ	R	Visiting Team Officials	Given Name	Surname	Υ	Υ	R				
COACH						COACH									
MANAGER						MANAGER									
TEAM OFFICIAL						TEAM OFFICIAL									
ESULT: Home Team	() Goals				RESULT: Visiting Team	() Goals							
rtify that the Player's names ap	pearing on this sheet are Reg	gistered Members of the C	lub and th	at the i	recorde	ch result is correct.									
cial—Home Team		-				Official—Visiting Team									
ne:		_				Name:									
gnature:		Signature Box for dis	putes:			Signature:	Signature:				Signature Box for disputes:				
Referees Remarks:											1				

NOTE: The completed ORIGINAL Team Sheet is to be forwarded to:

Macquarie Football PO Box 58, Boolaroo 2284 or delivered to 3 Main Road, Boolaroo 2284

To be received no later than 72 hours after the completion of the FIXTURE.