



OFFICIAL TEAM SHEET



Cross if Red Cards were issued:

Cross if Yellow Cards were issued:

Cross if no Duty Officer present:

Do NOT write or scribble in this area

Comp.: **Interdistrict 12 L**
 Ground: Alan & Don Lawrence Fields
 Round: Preliminary Final

Scheduled Date: 26/08/2017
 Time: 9:30 AM

Home Team: **Raymond Terrace 12/01-2017**

Referee: _____

Assistant Referees: _____

Signature of Match Referee: _____ Date: ___ / ___ / ___

**All blue highlighted sections:
To be completed by the Referee**

Visiting Team: **Cessnock United 12/02-2017**

No.	Given Name	Surname	REF	Signature	Y	Y	R

Team Manager (or Coach):
Write down Players number and name in Block letters.
Add Multi or Borrowed Player info as required and in accordance with Regulation D.

Players Signatures

No.	Given Name	Surname	REF	Signature	Y	Y	R

Team Manager (or Coach):
Write down Players number and name in Block letters.
Add Multi or Borrowed Player info as required and in accordance with Regulation D.

Players Signatures

INTERCHANGE or SUBSTITUTE PLAYERS

All entries to be made with black or blue Biro Pen