Capital Football
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Capital Football
TEAMSHEET
TRIAL MATCH

HOME TEAM _____ Vs _____ **AWAY TEAM**

DIVISION: _____ REFEREE: _____
GRADE: _____ ASSISTANT: _____
VENUE: _____ ASSISTANT: _____
DATE: _____ 4TH OFFICIAL: _____

Shirt #	FFA NUMBER	HOME TEAM (PRINT)	Starter Y/N	SUB No.	Goal	YELLOW	MIN.	RED	MIN.
Manger/Secretary:									

Shirt #	FFA NUMBER	AWAY TEAM (PRINT)	Starter Y/N	SUB No.	Goal	YELLOW	MIN.	RED	MIN.
Manger/Secretary:									

HOME TEAM: 1/2 Time _____ Score
Full Time _____ Score

AWAY TEAM: 1/2 Time _____ Score
Full Time _____ Score

Managers are to sign the Team Sheet at the end of the match signifying that all details are correct. Ensure that scores are checked as no appeals are permitted once Team Sheet is received by Capital Football

CLUB GROUND OFFICIALS - Please Print Clearly

HOME TEAM OFFICIALS	JACKET No.	AWAY TEAM OFFICIALS
	1	
	2	
	3	

PLAYERS STOOD DOWN - Please Print Clearly

FFA No.	HOME PLAYERS NAME

FFA No.	AWAY PLAYERS NAME

REFEREE NAME: _____ REFEREE SIGNATURE: _____

Note: Goal Scorers and Substitutions are to be recorded. Incorrect numbering of players is also to be reported.