



CAPITAL FOOTBALL
TEAMSHEET

CAPITAL FOOTBALL
FOOTBALL HOUSE
2/3 PHEBY'S CL. DEARIN
ACT 2600
matchcards@capitalfootball.com.au

HOME TEAM

AWAY TEAM

Vs

DIVISION:
GRADE:
VENUE:
DATE:

REFEREE:
ASSIST REF:
ASSIST REF:
4TH OFFICIAL:

| Shirt # | FFA NUMBER | | Starter (Y) | SUB No. | GLS | Yellow CODE | Red CODE | MIN. |
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MANUAL AMENDMENTS TO PLAYER LISTING

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Manager/Secretary:

Home Team: 1/2 Time: _____ Score
Full Time: _____ Score

MANUAL AMENDMENTS TO PLAYER LISTING

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Manager/Secretary:

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 FOOTBALL NSW LIMITED.

CLUB GROUND OFFICIALS - Please Print Clearly

| HOME TEAM OFFICIALS | JACKET No. | VISITING TEAM OFFICIALS |
|---------------------|------------|-------------------------|
| | 1 | |
| | 2 | |
| | 3 | |

PLAYERS STOOD DOWN - Please Print Clearly

| FFA No. | HOME PLAYERS NAME | FFA No. | AWAY PLAYERS NAME |
|---------|-------------------|---------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

REFEREE'S SIGNATURE: _____

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