



**School Stamp**

**Competition age group (i.e., u15):** \_\_\_\_\_ **Team**  
**(School):** \_\_\_\_\_ **Opponent:** \_\_\_\_\_ **Team**  
**Coach:** \_\_\_\_\_  
**Match Referee** \_\_\_\_\_

Match Result:
Score:

**Name:** \_\_\_\_\_  
**Contact** \_\_\_\_\_ **details:** \_\_\_\_\_  
**Venue:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**FOOTBALL TEAM SHEET**

POSITION:	NAME:	SURNAME:	DOB(date of birth) Year/month/date	Red cards (if Applicable)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
<u>Subs</u>				
12				
13				
14				

**I hereby certify that the above information is correct:**

**Team Manager:** \_\_\_\_\_

**Mobile number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **PRINCIPAL**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

