Team Sheet – BRISTOL CITY DEAF FC

Please Tick: ☐ North League / ☐ South League / ☐ Challenge Cup / ☐ Plate Cup / Round: 1St / QF / SF / F

TEAM: **Bristol City Deaf FC**

TEAM COLOUR KITS:
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

PITCH ADDRESS:
|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

MATCH DATE: |__|__| / |__|__| / |__|__|__|__|
(DD/MM/YYYY)

KICK OFF TIME: |__|__| : |__|__| HRS
(Example 14:30 HRS)

HOME/AWAY (Deleted as apply)

1. No hearing aids or cochlear implant are to be worn in any competitions.
2. The Team Sheet must be completed and hand in to the Referee **30 MINUTES** before kick-off.
3. For Cup: who three (3) substitute player in all Cup Competition match who may be selected from five (5) players.
4. For League: Roll on/off substitution are permitted, involving five (5) substitutions, with exception of the League Final.
5. Home team only: **Must** text to **Head of Competitions on 07858 132447** the result no later than **7pm**; Failure will result in a fine of £5.
6. Match sheet **should be** scanned or photo taken and saved as an email attachment and sent to englanddeaffootball@gmail.com by **10pm of match day**; Failure will result in a fine of £10.

Bristol City DFC Player's Names (28x)	Registration Number	On the field (Shirts No.)	Subs (✓)	Sub Used (✓)	Goal (1/2/3)	Caution (1/2)	Send Off (1)
ALLEN Harry	50001						
ANGFAA Victor	50002						
ANGLIN Mick	50003						
BEECH Chris	50004						
CASTLE Jamie	50016						
COLEMAN Brett	50005						
CUNLIFFE Sebastian	50006						
FARAH Mohammed	50007						
FRASER Kyle	50028						
GILL Mark	50008						
HERRING Christopher	50030						
HOPKINS Cameron	50009						
HYDE Andrew	50010						
JANS Oliver	50011						
JOHAL Pav	50012						
MARTIN Ben	50013						
MCNMA Macauley	50014						
O'BRIEN Liam	50015						
POTTER Jack	50017						
PRICE Mitchell	50019						
PYNE Sam	50020						
READ Cole	50021						
ROBERTS Dylan	50029						
ROBERTS Ifan	50027						
SLY Gibson	50023						
THOMAS Mike	50024						
THOMAS Wesley	50025						
THOMPSON Calum	50026						
	50018						
	50022						
OWN GOAL	-						

HALF TIME SCORE: |__| v |__| FULL TIME SCORE: |__| V |__| EXTRA TIME SCORE: |__|v|__| PENALTIES: |__|V|__|

HOME SECRETARY SIGNATURE: _____ OPPONENT (AWAY) SIGNATURE: _____

Referee's Full Name	Level	Parent County	Referee's Signature