Team Sheet – FULHAM DEAF FC

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

TEAM: **Fulham 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.

Fulham DFC Player's Names (21x)	Registration Number	On the field (Shirts No.)	Subs (✓)	Sub Used (✓)	Goal (1/2/3)	Caution (1/2)	Send Off (1)
AHEM Connor	90025						
BOVINO Alex	90001						
CLIFTON Jack	90002						
EVANS Samuel	90024						
GRZEGORZ Krol	90003						
GUBALA Adrian	90004						
GUNN Liam	90005						
HARDING Jack	90006						
HARRISON Jamie	90007						
HENRY Munro	90008						
KEMP Sam	90009						
KENWARD Andrew	90010						
MCLEAN Ellis	90011						
NAUBO Landry	90013						
RUMNEY Daniel	90016						
RYMEL Samms	90017						
SMIGASIEWICZ Marcin	90018						
WALLER Daniel	90020						
WATERSON Ben	90021						
WILLIS Jacob	90022						
WYLDE Joseph	90023						
	90012						
	90014						
	90015						
	90019						
	90026						
	90027						
	90028						
	90029						
	90030						
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