Team Sheet – BARNET DEAF FC

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

TEAM:
BARNET DFC

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 players 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 **an hour after final whistle**; 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 **8pm of match day**; Failure will result in a fine of £10.
7. Referee report **should be** scanned or photo taken and saved as an email attachment and sent to englanddeaffootball@gmail.com by **8pm of match day**; Failure will result in a fine of £10. (Both home and away team)

Barnet DFC Player's Names (24x)	Registration Number	On the field (Shirts No.)	Subs (✓)	Sub Used (✓)	Goal (1/2/3)	Caution (1/2)	Send Off (1)
ATKINSON John	20001						
BRADSHAW Drew	20002						
CAMPBELL-NOTTAGE Zeon	20003						
DOWN Bryon	20004						
EVANS Rhyan	20005						
HALFPENNY Samuel	20006						
HOLMES Jordan	20007						
JACKSON Tommy	20008						
KITCHIN Sam	20009						
KROL Gregorz	20010						
LLEWELLYN Adam	20011						
MACE Daniel	20012						
MARSDEN Jordan	20013						
MATUSZEWSKI Kamil	20014						
MCKOY Keith	20024						
MCLEAN Jason	20015						
NANTHABALAN Brinthan	20016						
NAYLOR Christopher	20017						
POWE Matthew	20018						
REA Danny	20019						
SAMMS Rymel	20023						
SINCLAR Mark	20020						
THOMAS Adam	20022						
WHEELER Matthew	20021						
	20025						
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