

Team Sheet – BRISTOL CITY DEAF FC

Please Tick: ☐ North League / ☐ South League / ☐ Community League /

☐ Challenge Cup / ☐ Plate Cup / ☐ FA Disability Cup /

Round: _____

YOUR CLUB: HOME/AWAY (Circle as apply)

OPPONENT: _____

YOUR TEAM COLOUR KITS: _____

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

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

1. No hearing aids or cochlear implants are to be worn in any competitions. If found to be wearing prohibited items during area of play - the match may be abandoned and 3-0 win awarded to the opponent team. **Referee must be informed and recorded on referee sheet.**
2. The Team Sheet must be completed and handed in to the Referee no later than **15 MINUTES** before kick-off. (Expect semi-finals and finals where this will be 30 minutes)
3. For Cup: Roll on/off substitution are **not permitted**. Using up to five (5) out of seven (7) substitutions.
4. For League: Roll on/off substitution are permitted, involving five (5) substitutions, with exception of the League Final.
5. Both teams **must** text (send text message) **Head of Competitions on 07858 132447**, stating the final result no later than **8pm**; 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 headofcompetitions@englanddeaffootball.co.uk by **24 hours after the final whistle of match day**; Failure will result in a fine of £10.
7. Both teams: Referee report **should be** scanned or photo taken and saved as an email attachment and sent to headofcompetitions@englanddeaffootball.co.uk no later than **24 hours after the final whistle of match day**; Failure will result in a fine of £10.

Bristol City DFC Player's Names (21x)	Registration Number	On the field (Shirts No.)	Subs (✓)	Sub Used (✓)	Goal (1/2/3)	Own Goal (1/2/3)	Caution (1/2)	Send Off (1)
ALLEN Harry	10001							
BEECH Christopher	10002							
BOJAS Cameron	10021							
COLEMAN Brett	10003							
CUNLIFFE Sebastian	10004							
GILL Mark	10005							
GLOVER Karl	10006							
GRIFFTHS Jack	10007							
HADLEY Michael	10008							
MARTIN Ben	10009							
MUHIDIN Mohammed	10010							
O'BRIEN Liam	10011							
POTTER Harry	10012							
POTTER Jack	10013							
PRICE Mitchell	10014							
READ Cole	10015							
ROBERTS Ifan	10016							
TAYLOR Andy	10017							
VAUGHAN Frankie	10018							
WATERFIELD Ceri	10019							
WILKINS Neil	10020							
	10022							
	10023							
	10024							
	10025							

HALF TIME SCORE: |_|_|v|_|_| FULL TIME SCORE: |_|_|v|_|_|

EXTRA TIME SCORE: |_|_|v|_|_| PENALTIES: |_|_|v|_|_|

HOME SECRETARY SIGNATURE: _____ (PRINT NAME) _____

OPPONENT (AWAY) SIGNATURE: _____ (PRINT NAME) _____

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