

Team Sheet – EXETER 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.

EXETER CITY DFC Player's Names (25x)	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)
BROAD Jack	16001							
CARPENTER Gary	16002							
CASTLE Jamie	16003							
CAULFIELD Jay	16004							
CAULFIELD Milan	16005							
CHERITON Kam	16006							
CUTTING Andrew	16007							
FORD Aiden	16008							
GIBBS Alfie	16009							
JUSZCZAK Damian	16010							
KELLY Jacob	16023							
LOOWIS Sean	16011							
MCCAULEY Matthew	16012							
MORAN Steven	16013							
NEALE Joe	16014							
PARKES Ashley	16025							
PHILLIPS Oliver	16022							
PHILLIPS Tom	16015							
PYNE Sam	16016							
QUIRKE Rhys	16017							
SMOKVINA Josip	16018							
SOBULSKI Pawel	16024							
THOMAS William	16019							
TREGALE Lewis	16020							
TROTTER Jason	16021							

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