

# Team Sheet – ST ALBANS CITY RESERVE DFC

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](mailto: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](mailto:headofcompetitions@englanddeaffootball.co.uk) no later than **24 hours after the final whistle of match day**; Failure will result in a fine of £10.

ST ALBANS CITY RESERVE 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)
BISHOP Peter	11001							
BUTCHER Alex	11002							
DAHIR Isse	11003							
DEMIAN Daniel	11004							
EYERS Simon	11005							
GAIR Joseph	11006							
GATHANI Rahul	11007							
GIJNI Adem	11008							
HABED Adil	11009							
HALDANE Andrew	11010							
JACKSON Harley	11011							
LUXFORD Kai	11025							
MAKKAR Elijah	11012							
MANNING Liam	11013							
MOHAMMED Zahid	11024							
MUNYUA Mwaura	11014							
ORAM Malachi	11015							
POPIELA Aleksander	11016							
RAHMAN Muhammad	11017							
RATHORE Habaab	11018							
SALAMI-RASHEED Quadri	11019							
SPENCER Bret	11020							
THEVARASA Pavalan	11021							
ULLAH Zubair	11022							
WEEDON Dominic	11023							

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