

Team Sheet – BARNET 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.

BARNET 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)
AHERN Connor	01001							
BRADSHAW Drew	01002							
BRYANT Luke	01020							
EVANS Rhyan	01021							
GUBALA Adrian	01003							
GUBALA Daniel	01019							
GUNN Liam	01004							
HALFPENNY Samuel	01005							
HARRIS Kieron	01006							
MCCORKMICK Trevor	01007							
MCKOY Keith	01008							
MCLELLAN Reece	01009							
NORMAN Harvey	01010							
NORMAN Samuel	01011							
SIZER Dillon	01012							
THOMAS Adam	01013							
THOMPSON Cory	01014							
WALLER Daniel	01015							
WARD Ross	01016							
WHEELER Matthew	01017							
WILLIS Jacob	01018							
	01022							
	01023							
	01024							
	01025							

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