

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 implant are to be worn in any competitions. Any found, the match to be disqualified and award to opponent team.
2. The Team Sheet must be completed and hand in to the Referee 15 MINUTES before kick-off. (Expect semi-finals and finals)
3. For Cup: Roll on/off substitution are permitted, involving five (5) substitutions, with exception of the Cup Final.
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 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 englanddeaffootball@gmail.com by 24 hours after the final whistle 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 24 hours after the final whistle of match day; Failure will result in a fine of £10. (Both home and away team)

Bristol City DFC Player's Names (24x)	Registration Number	On the field (Shirts No.)	Subs (✓)	Sub Used (✓)	Goal (1/2/3)	Own Goal (1/2/3)	Cautions (1/2)	Send Off (1)
ALLEN Harry	10001							
BEECH Christopher	10002							
BOJAS Cameron	10023							
COLEMAN Brett	10003							
CUNLIFFE Sebastian	10004							
GILL Mark	10005							
GLOVER Karl	10006							
GRIFFTHS Jack	10007							
HADLEY Michael	10008							
JONES Lewis	10024							
MARTIN Ben	10009							
MUHIDIN Mohamm	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							
WHITE Darren	10021							
WILKINS Neil	10020							
WILSON Trevor	10022							
	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