

# Team Sheet – HALL RANGERS ROAD 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 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. 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)

HALL RANGERS ROAD 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)
BAKER James	10014							
BRIAN OLIVANT Jack	10016							
BROWN Leo	10001							
CHALLENGER Scott	10002							
CLARK Flynn	10003							
CRELLIN James	10005							
CRUICKSHANK Connor	10006							
DAVEY Samuel	10015							
DUKE Adam	10008							
FRANKLIN Daniel	10021							
HEWSON-CUTLER Adam	10020							
HOWARTH Callum	10009							
JAMES OWENS Kyle	10017							
KHAN Thomas	10007							
KOŁODZIEJ Maciej	10022							
LUSTY Joshua	10010							
MATUSZEK Kuba	10018							
MYERS Liam	10019							
NWABUDIKE Emmanuel	10011							
OKE Oladimeji	10024							
OLEDZKI Adam	10023							
PENROSE Daniel	10012							
RICHARDSON Lewis	10013							
SHIELDS Jordan	10004							
SMITH Reece	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



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