

Team Sheet – ST. JOHN'S 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.

ST. JOHN'S DFC Player's Names (22x)	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)
BAMIDELE Dayo	13001							
CASEY Rylan	13002							
CASELL Dominic	13003							
CLARKE Jamie	13004							
DOWN Byron	13005							
EVANS Sam	13006							
HAK BENAMUR Abdul	13007							
HOBSON Tommy	13008							
JENKINS Wilfred	13023							
JOBE Abdou	13009							
KING Gino	13010							
LEE Kimahrie	13011							
MACE Daniel	13012							
MANOOCHECHI Oliver	13013							
MCQUEENY Matthew	13014							
MILLENSTEAD Jeremy	13015							
MUIRHEAD Rory	13016							
NAUBO Landry	13017							
OATEN Matthew	13018							
OJUKWU Chibueze	13019							
PICKFORD William	13021							
ROWLEY Drew	13020							
SMITH Alex	13022							
	13024							
	13025							

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