

# Team Sheet – WELLING UNITED 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](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.

WELLING UNITED 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)
BAKESSA Hamid	14018							
BURJAK Matt	14025							
CANATAN Uger	14017							
CARTER Harry	14024							
CHANG Ashley	14001							
COOMBES Jase	14002							
CULVER Matthew	14003							
GODA Lukas	14004							
MARSHALL Ryan	14005							
MAY Billy	14006							
NDLOVU Unathi	14021							
NELSON Arthur	14007							
NELSON Jonny	14022							
NELSON Roman	14023							
OLOEUKOBA- OSENI Habib	14008							
ONI Kola	14009							
OSONDU Clinton	14010							
PAYN Callum	14011							
PERRY-LEWIS Harry	14012							
REID Jayden	14020							
SMIGASIEWICZ Jaroslaw	14013							
SMITH Liam	14019							
STANHOPE Lee	14014							
THOMPSON Mark	14015							
WYNNE Steven	14016							

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