

# Team Sheet – ST ALBANS 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)

- 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.**
- 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)
- For Cup: Roll on/off substitution are **not permitted**. Using up to five (5) out of seven (7) substitutions.
- For League: Roll on/off substitution are permitted, involving five (5) substitutions, with exception of the League Final.
- 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.
- 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.
- 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.

ST ALBANS CITY 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)
ABDUSSALAM Suffian	12023							
AHMED Rahat	12001							
ALLEN Frank	12002							
AMBIA Samian	12021							
BYFIELD Matthew	12003							
CHOWDHURY Maimoon	12004							
COSTI Marcos	12005							
DEMIRIC Okan	12024							
DUNNE Darren	12025							
EDWARD Ross	12006							
ER Ali	12007							
ESTRELA Hussein	12008							
GATHANI Samir	12009							
HUNDAL Ravi	12010							
HUSSIAN Enam	12011							
JARCHLOU Davut	12012							
LANDU Brady	12013							
MONTEIRO Zito	12014							
NORFOLK Zak	12015							
PRESTON Andre	12016							
RABI Mohamed	12020							
SEHAJPAL Shante	12017							
SHAH Wuqass	12018							
SILINSKAS Emanuelis	12022							
WOOD Damien	12019							

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