

# Team Sheet – BARNET DEAF FC

Please Tick: ☐ North League / ☐ South 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 (Match to abandoned immediately) and award to opponent team.
2. The Team Sheet must be completed and hand in to the Referee 30 MINUTES before kick-off. (Expect semi-finals and finals).
3. For Cup: Roll on/off substitution are NOT permitted, involving five (5) substitutions out of seven (7).
4. For League: Roll on/off substitution are permitted, involving seven (7) substitutions, with exception of the League semi-final and final.
5. Match sheet should be scanned or photo taken and saved as an email attachment and sent to league/cup coordinators by 24 hours after the final whistle of match day; Failure will result in a fine of £10.
6. Referee report should be scanned or photo taken and saved as an email attachment and sent to league/cup coordinators by 24 hours after the final whistle of match day; Failure will result in a fine of £10. (Both home and away team)

BARNET DFC Player's Names (21x)	On the field (Shirts No.)	Subs (✓)	Sub Used (✓)	Goal (1/2/3)	Own Goal (1 / 2 / 3)	Caution (1/2)	Send Off (1)
AUSTEN Joshua							
BRADSHAW Drew							
CHIBUEZE Ojukwu							
DURKIN Callan							
GUBALA Adrian							
GUNN Liam							
LLEWELLYN Adam							
MACE Daniel							
MONTEIRO Zito							
NAUBO Landry							
NORMAN Samuel							
NORMAN Harvey							
PAULL Thomas							
PHOENIX Cameron							
POWE Matthew							
ROBERTS Ifan							
SHEPPEARD Tom							
THOMAS Micah							
WHEELER Matthew							
WILLIS Jacob							
WOOD Damien							

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