

Team Sheet – CARLISLE CITY 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)

CARLISLE CITY DFC Player's Names (24x)	On the field (Shirts No.)	Subs (✓)	Sub Used (✓)	Goal (1/2/3)	Own Goal (1 / 2 / 3)	Caution (1/2)	Send Off (1)
BAIRD Mason							
BLACKMORE Luke							
BLOCKLEY Joseph							
CAMERON Stuart							
CLELLAND Jason							
DENHAM Andrew							
DRAMMEH Ismaila							
FERGUSON Harry							
FONTANA Benn							
FRIDAY Alfie							
HODGSON Zak							
KEEGAN Robert							
LEE-MCINTYRE Macauley							
MAGUIRE Colm							
MAGUIRE Connor							
MURRAY Vinny							
NZELWA Gareth							
O'DOWD David							
OSISAMI Segun							
PALMER William							
RHODES Thomas							
WILKINSON Jonathan							
WOODCOCK Ryan							
YOUNG Billy							

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