

Team Sheet - RADCLIFFE DEAF FC

			League / □ Se Plate 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)	 Up / □ Plate Cup / □ FA Disability Cup / Round: 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. The Team Sheet must be completed and hand in to the Referee 30 MINUTES before kick-off. (Expect semi-finals and finals). For Cup: Roll on/off substitution are NOT permitted, involving five (5) substitutions out of seven (7). For League: Roll on/off substitution are permitted, involving seven (7) substitutions, with exception of the League semi-final and final. 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. 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) 							
RADCLIFFE DFC	On the field	Subs	Sub Used	Goa			Send Off	
Player's Names (15x)	(Shirts No.)	(√)	(√)	(1/2/	3) (1/2/3)	(1/2)	(1)	
ASH Joel								
ASH Daniel								
BISHOP Robert								
CHIPPENDALE Kyle								
CRUICKSHANK Connor								
EMINOWICZ Vernon								
FOWLES Rhys								
FRASER Kyle								
JONES Jude								
NICHOLAS Lewis								
MIRZA Haaris								
OSKER Aaron								
PATEL Mohsin								
RIXON Dylan								
WALDRON Harvey								
HALF TIME SCORE: v FULL HOME SECRETARY SIGNATURE:			(PRINT N	CORE: lv			
OPPONENT (AWAY) SIGNATURE:		(PRINT NAME)						
Referee's Full Name Level		Parent County			Referee's Signature			