

# Team Sheet – SHEFFIELD WEDNESDAY 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)

SHEFFIELD WEDNESDAY DFC Player's Names (20x)	On the field (Shirts No.)	Subs (✓)	Sub Used (✓)	Goal (1/2/3)	Own Goal (1 / 2 / 3)	Cautions (1/2)	Send Off (1)
ANDERSON Seon							
ANDERSON Kemahti							
BOORMAN Harry							
CAREY Kieran							
DIXON Joseph							
DONALDSON Cavell							
EDWARDS Samuel							
FREWER Matthew							
HUSSAIN Sikandar							
JOHNSON Daniel							
KING Gino							
MCQUEENEY Matthew							
NEIL Cole							
PALMER William							
PHILLIPS Eddie							
REAY Andrew							
SIBANDA Sean							
SINGH Taljinder							
THORNTON Jack							
WRIGHT Ollie							

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