

## Team Sheet - RADCLIFFE DEAF FC

			League / □ So Plate Cup /		ague Disability Cup	/ Round: _	
YOUR CLUB: HOME/AWAY (Circle as apply) OPPONENT:	<ol> <li>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.</li> <li>The Team Sheet must be completed and hand in to the Referee 30 MINUTES before kick-off. (Expect semi-finals and finals).</li> </ol>						
YOUR TEAM COLOUR KITS:		3. For ( subs 4. For I	Cup: Roll on/off su stitutions out of se League: Roll on/of	bstitution ven (7). f substitu	nare NOT permitted, tion are permitted, in the League semi-fin	nvolving seven	
MATCH DATE:   _    /      /   _    . (DD/MM/YYYY)	.11	5. Mato attao whis	ch sheet <u>should be</u> chment and sent to ctle of match day; F	scanned league/c ailure wi	or photo taken and s cup coordinators by ill result in a fine of £ ed or photo taken ar	saved as an er 24 hours after 210.	the final
KICK OFF TIME:     :    HRS (Example 14:30 HRS)		attad	chment and sent to ttle of match day; F	league/	cup coordinators by a cup coordinator by a cup coordinators by a cup coordinators by a cup coordinator by a cup coordina	24 hours after	the final
RADCLIFFE DFC Player's Names (17x)	On the field		Sub Used (√)	Goa (1/2/		Caution (1/2)	Send Off (1)
ASH <i>Joel</i>		, ,	, ,				
ASH Daniel							
BISHOP Robert							
CHIPPENDALE Kyle							
CRUICKSHANK Connor							
EMINOWICZ Vernon							
FOWLES Rhys							
FRASER Kyle							
JONES Jude							
MATUSZEK <i>Kuba</i>							
NICHOLAS <i>Lewis</i>							
MIRZA <i>Haaris</i>							
O'CONNOR Ricky							
OSKER <i>Aaron</i>							
PATEL Mohsin							
RIXON <i>Dylan</i>							
WALDRON Harvey							
HALF TIME SCORE:    v    FULL					CORE:   v		
HOME SECRETARY SIGNATURE:	<del></del>	<del></del>	(	rkini N	IAME)		
		(PRINT NAME)					
Referee's Full Name Lev		l F	Parent County	Referee's Signature			