

Team Sheet – FARSLEY 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)

FARSLEY DFC Player's Names (20x)	On the field (Shirts No.)	Subs (✓)	Sub Used (✓)	Goal (1/2/3)	Own Goal (1 / 2 / 3)	Caution (1/2)	Send Off (1)
BENKIEL Enzo							
BOJAS Zachary							
BOJAS Cameron							
BRADLEY Tyler							
BRADLEY Theo							
CLARK Flynn							
COTA James							
DOLAN Gareth							
FENWICK Lewis							
FRASER Kyle							
HENRY Kyle							
LLOYD Miles							
MACWHIRTER Oliver							
MARSDEN Jordan							
MIRZAALI Javed							
O'DOWD David							
ORMEROD Aaron							
PARKER-FAIRBAIRN Charlie							
SYKES Darrell							
TAYLOR Christopher							

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