



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 (21x)	On the field (Shirts No.)	Subs (✓)	Sub Used (✓)	Goal (1/2/3)	Own Goal (1 / 2 / 3)	Caution (1/2)	Send Off (1)
ANDERSON <i>Seon</i>							
ANDERSON <i>Kemahti</i>							
BOORMAN <i>Harry</i>							
CAREY <i>Kieran</i>							
DIXON <i>Joseph</i>							
DONALDSON <i>Cavell</i>							
EDWARDS <i>Samuel</i>							
FREWER <i>Matthew</i>							
HUSSAIN <i>Sikandar</i>							
JOHNSON <i>Daniel</i>							
KING <i>Gino</i>							
MCQUEENEY <i>Matthew</i>							
NEIL <i>Cole</i>							
PALMER <i>William</i>							
PHILLIPS <i>Eddie</i>							
PICKFORD <i>William</i>							
REAY <i>Andrew</i>							
SIBANDA <i>Sean</i>							
SINGH <i>Taljinder</i>							
THORNTON <i>Jack</i>							
WRIGHT <i>Ollie</i>							

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