CAPITAL FOOTBALL TEAMSHEET

CAPITAL FOOTBALL FOOTBALL HOUSE 2/3 PHIFPS CL, DEAKIN ACT 2800 matchcards@capitafbotball.com.au

HOME TEAM AWAY TEAM

									Vs												
- 1	DIVISION:	Сар			_		REFEREE:														
	GRADE:									ASSIST	REF:										
VENUE:										ASSIST	REF:										
	DATE:								4	TH OFF	ICIAL:										
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Shirt #	FFA NUMBER		Starter (Y)	SUB No.	GLS	Yellow CODE	Red CODE	MIN.	Shirt #		FA NUMBER			Starter (Y)	SUB No.	GLS	Yellow CODE	Red CODE	MIN.		
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MANUAL AMENDMENTS TO PLAYER LISTING												MANUAL AME	NDMENTS TO P	LAYER	LISTING	}					
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Manag	Manager/Secretary:										Manager/Secretary:										
Home Team: 1/2 Time: Score									Awa	ray Tear	m: 1/2 Time:			S	core						
Full Time: Score									Ful	Il Time:		Score									
Managers are to sign the Team Sheet at the end of the match signifying that all details are correct. Ensure that scores are checked as no appeals are permitted once Team Sheet is received by FOOTBALL NSW LIMITED.																					
CLUB GROUND OFFICIALS - Please Print Clearly																					
		HOME TEAM OFFICIALS	KET No.			VISITING TEAM OFFICIALS															
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				3																	
PLAYERS STOOD DOWN - Please Print Clearly																					
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	FFA No.	HOME PLAYERS NAME								FF	FA No.	AWAY PLAYERS NAME									
	REFEREE'S SIG	SNATURE:										1									