TEAM SHEET

PLEASE COMPLETE AND HAND TO REFEREE 15 MINS BEFORE KICK OFF

COLOURS		
SHIRTS	SHORTS	KEEPERS TOP

Shirt No	Player Name (First Name and Surname)	PLEASE TICK YOUR CAPTAIN

SUBSTITUTES					
	1	2	3	4	5
Shirt No					

SUBS PAID

DATE:

VERSUS:

No	Player Name	Owed	Paid	Owing

TOTAL CARRIED FORWARD				
TOTAL PAID IN		REFEREE		TOTAL COLLECTED
	minus		=	