



**FOOTBALL NSW LIMITED
TRIAL MATCH TEAM SHEET**

HOME TEAM

AWAY TEAM

Vs

DIVISION: _____
GRADE: _____
VENUE: _____
DATE: _____

REFEREE: _____
Asst REFEREE: _____
Asst REFEREE: _____
4th OFFICIAL: _____

Shirt #	FFA NUMBER	HOME TEAM	GOALS	MIN.	Yellow CODE	MIN.	Red CODE	MIN.

Shirt #	FFA NUMBER	AWAY TEAM	GOALS	MIN.	Yellow CODE	MIN.	Red CODE	MIN.

Manger/Secretary: _____

Manger/Secretary: _____

HOME TEAM: 1/2 Time _____ Score _____
 Full Time _____ Score _____

AWAY TEAM: 1/2 Time _____ Score _____
 Full Time _____ Score _____

Managers are to sign the Team Sheet at the end of the match signifying that all details are correct. No appeals are permitted once Team Sheet is received by FOOTBALL NSW LIMITED.

CLUB GROUND OFFICIALS - Please Print Clearly

HOME TEAM OFFICIALS	JACKET No.	AWAY TEAM OFFICIALS
	1	
	2	
	3	

PLAYERS / OFFICIALS STOOD DOWN - Please Print Clearly

FFA No.	HOME PLAYERS NAME	FFA No.	AWAY PLAYERS NAME

REFEREE NAME: _____