FOOTBALL NSW LIMITED
**TEAM SHEET**

FOOTBALL NSW LIMITED
PO BOX 6146
BAULKHAM HILLS BUSINESS CENTRE
NSW 2153
Phone: (02) 8814 4400 Fax: (02) 8814 4483
ABN 25 003 215 923

**HOME TEAM** _____ Vs _____ **AWAY TEAM**

COMPETITION: _____ REFEREE: _____ BRANCH: _____
GRADE: _____ ASSIST REF: _____ BRANCH: _____
VENUE: _____ ASSIST REF: _____ BRANCH: _____
DATE: _____ 4TH OFFICIAL: _____ BRANCH: _____

| Shirt # | FFA NUMBER | HOME TEAM (PRINT) | Starter Y/N | Goal | YELLOW CODE | RED CODE |
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| Manger/Secretary: | | | | | | |

| Shirt # | FFA NUMBER | AWAY TEAM (PRINT) | Starter Y/N | Goal | YELLOW CODE | RED CODE |
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| 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. 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 | JACKET No. | AWAY TEAM OFFICIALS |
|---|---|---|
| | 1 | |
| | 2 | |
| | 3 | |

**PLAYERS STOOD DOWN - Please Print Clearly**

| FFA No. | HOME PLAYERS NAME |
|---|---|
| | |
| | |
| | |

| FFA No. | AWAY PLAYERS NAME |
|---|---|
| | |
| | |
| | |

REFEREE NAME: _____ :FEREE FFA No. _____ REFEREE SIGNATURE: _____

**Note: Goal Scorers and Substitutions are to be recorded. Incorrect numbering of players is also to be reported.**