



WYCOMBE + SOUTH BUCKS MINOR FOOTBALL LEAGUE



Team Sheet

Date:		U12/13/14/15/16/17/18 Division 1/2/3/4/5/6/7/8 L/C	
		and Memorial Cups (Circle as applicable)	
Home Team name:		Goals:	Visiting Team name:
			Goals:
Team Colours		Team Colours	

Shirt Number	Full Name of Player (Block Capitals)	Subs	Goal Scorers
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
14			
15			
16			
17			

SUBS MUST BE CLEARLY MARKED ON THE RESULT SHEET ▲

MARKING OF REFEREES: (This section must be completed)

Name of Referee:

_____ **/100**

Marks of 60 or below should be accompanied by a letter.

Signed by:

For:

Club

Signature:

The signed copy is to be emailed to the Fixture Secretary Steve Heath em. s.heath0@talk21.com to arrive no later than 4 days after the game. A copy given to the Opposition & Referee prior to KO. A Copy to be retained for your records. If you are not able to view the opposition ID Photos so that you can check player IDS and also a copy of their team list then you must text your Age Group Representative. Failure to text means that the Committee will not entertain any registration complaints.