



**HUNTER VALLEY  
FOOTBALL**



**MiniRoos Team Sheet: 10yrs - 11yrs**

Age Group: \_\_\_\_\_

Playing Date: \_\_\_\_\_

Venue: \_\_\_\_\_

<b>Home Team</b>

(Print Team Name)

<b>Visiting Team</b>

(Print Team Name)

Team Officials: please **PRINT** first name and surname of each participating player.

Name	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
Coach	
Manager	
<b>Goals Scored:</b>	

Name	
1	
2	
3	
4	
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6	
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9	
10	
11	
12	
13	
14	
Coach	
Manager	
<b>Goals Scored:</b>	

Game Leader / Instructing Referee Name: (Print) \_\_\_\_\_

I certify that the players named above are registered FFA players

Team Official Signature: \_\_\_\_\_ Team Official Signature: \_\_\_\_\_

The completed team sheet must be received at HVFA office no later than 72 hours after the completion of the match fixture.

**Office Postal address: - Unit 4/167 Vincent Street, Cessnock, NSW 2325**