



HUNTER VALLEY
FOOTBALL



Mini Roos Team Sheet: 8yrs - 9yrs

Age Group: _____

Playing Date: _____

Venue: _____

Home Team

(Print Team Name)

Visiting Team

(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	
Coach	
Manager	

Name	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
Coach	
Manager	

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