



HUNTER VALLEY
FOOTBALL



MiniRoos Team Sheet: 10yrs - 11yrs

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	
12	
13	
14	
Coach	
Manager	
	Goals Scored:

	Name
1	
2	
3	
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11	
12	
13	
14	
Coach	
Manager	
	Goals Scored:

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: - 40 Mitchell Avenue, Kurri Kurri NSW 2327