



Mini Roos Team Sheet: 8yrs - 9yrs			
Age Group:		Playing Date:	
			Venue:
	Home Team		Visiting Team
	(Print Team Name)		(Print Team Name)
	Team Officials: please PRINT first name	and surnar	ne of each participating player.
	Name		Name
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
Coach		Coach	
Manager		Manager	
	Game Leader / Instructing Referee Name: (F	Print)	
I certify th	nat the players named above are registered F	FA players	
Team Official Signature:		Team Office	sial Signature:
The com	pleted team sheet must be received at HVFA	office no lat	er than 72 hours

Office Postal address: - 40 Mitchell Avenue, Kurri Kurri NSW 2327

after the completion of the match fixture.