



macquarie
football
ZONE LEAGUE OFFICIAL TEAM SHEET



Cross if Red Cards were issued: ☐

Cross if Yellow Cards were issued: ☐

Cross if NO Duty Officers present: ☐

Comp:
Ground:
Round:

Scheduled Date:
Time:

Referee: _____
Assistant Referees: _____
Signature of Match Referee: _____
Date: ____ / ____ / ____

Home Team:

Visiting Team: **«Team 2»**

No.	Given Name	Surname	REF	B	M	Team	G.S.	Y	Y	R

INTERCHANGE or SUBSTITUTE PLAYERS

B = Borrowed Player
M = Multi Registered Player

RESULT: Home Team _____ () Goals
RESULT: Visiting Team _____ () Goals

Players Serving Suspension

Home Team Officials	Given Name	Surname	Y	Y	R
COACH					
MANAGER					
TEAM OFFICIAL					
TEAM OFFICIAL					
DUTY OFFICER					
DUTY OFFICER					

I Certify that the Player’s names appearing on this sheet are Registered Members of the Club and that the recorded match result is correct.

Official—Home Team

Name: _____

Signature: _____

Signature Box for disputes: _____

Official—Visiting Team

Name: _____

Signature: _____

Signature Box for disputes: _____

Visiting Team:

No.	Given Name	Surname	REF	B	M	Team	G.S.	Y	Y	R

INTERCHANGE or SUBSTITUTE PLAYERS										

B = Borrowed Player
M = Multi Registered Player

Players Serving Suspension

Visiting Team Officials	Given Name	Surname	Y	Y	R
COACH					
MANAGER					
TEAM OFFICIAL					
TEAM OFFICIAL					
DUTY OFFICER					
DUTY OFFICER					

NOTE: The completed ORIGINAL Team Sheet is to be mailed or delivered to:
Macquarie Football
Unit 7/149 Ambleside Circuit
Lakelands 2282

To be received no later than 72 hours after the completion of the FIXTURE.

Referees Remarks: