



Cross if Red Cards were issued:

Cross if Yellow Cards were issued:

Cross if NO Duty Officer present:

Comp: **«Competition Name»**
 Ground: «Venue Name»
 Round: «Round Number»

Do NOT write or scribble in this area

Scheduled Date: «Match Date»
 Time: «Match Time»

Home Team: **«Team 1»**

Referee: _____

Assistant Referees: _____

Signature of Match Referee: _____

Date: ____ / ____ / ____

All blue highlighted sections to be completed by the Referee

Visiting Team: **«Team 2»**

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

Team Official to write down players' number, first name and surname in block letters.

Team Official to add Multi or Borrowed Player info as required per Regulation D.

B = Borrowed Player
 M = Multi Registered Player

INTERCHANGE PLAYERS

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

Team Official to write down players' number, first name and surname in block letters.

Team Official to add Multi or Borrowed Player info as required per Regulation D.

B = Borrowed Player
 M = Multi Registered Player

INTERCHANGE PLAYERS

All entries to be made with black or blue Biro

Home Team Officials	Given Name	Surname	Y	Y	R
COACH					
MANAGER	Home Team to print names of Team Officials before the game				
TEAM OFFICIAL					

Visiting Team Officials	Given Name	Surname	Y	Y	R
COACH					
MANAGER	Visiting Team to print names of Team Officials before the game				
TEAM OFFICIAL					

Players Serving Suspension
Home Team to print names of any players serving suspension before the game

Players Serving Suspension
Visiting Team to print names of any players serving suspension before the game

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

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	Home Team to check scores & any cards issued then print name and sign after the game	Signature Box for disputes:	Official—Visiting Team	Visiting Team to check scores & any cards issued then print name and sign after the game	Signature Box for disputes:
Name: _____			Name: _____		
Signature: _____			Signature: _____		

Referees Remarks:

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.