

SWINDON & DISTRICT FOOTBALL LEAGUE

Date		Kick	-off time		Date		Kick-c	off time
League	e or Cup match				League	e or Cup match		
Home team			Score] Home t	team		
Away t	eam		Score		Away t	eam		
Shirt no.	Players Full Name (CAPITALS	S PLEASE)	Players Subs (£)	Goals? R/Y/Sin	Shirt no.	Players Full Name (CAPITALS PLEASE)	Pla Sub
	Substitutes 5 from	5 Played	d? Subs(£)	Goals? R/Y/Sin		Substitutes 5 from 5	Played	? Sub
								+
Signed b	y Club Official:	l]	Marks 0-100	Signed b	y Club Official:		
Print Club Official:			Opposition		Print Clu	b Official:		Oppos
Name of	your club:		Referee		Name of	your club:		Refe
Print Ref	ferees Name:		Ref. Fee	£	Print Ref	erees Name:		Ref.

Copy (digital acceptable) to Results Secretary (by 6.00pm on Wednesday after match) Yellow copy to your opponents, Pink for referee

** If team sheets are not exchanged prior to kick-off the League will not consider any appeals/protests from Clubs ** Additional TEAM SHEETS may be obtained from the League or printed yourself from the web

Referee Marks under 60 MUST be explained in writing to the Referees Secretary

SWINDON & DISTRICT FOOTBALL LEAGUE

Score Score

Players

Subs (£)

Subs(£)

Opposition Referee Ref. Fee

Goals?

R/Y/Sin

Goals?

R/Y/Sin

Marks 0-100

Copy (digital acceptable) to Results Secretary (by 6.00pm on Wednesday after match) Yellow copy to your opponents, Pink for referee

** If team sheets are not exchanged prior to kick-off the League will not consider any appeals/protests from Clubs ** Additional TEAM SHEETS may be obtained from the League or printed yourself from the web

^{**}Referee Marks under 60 MUST be explained in writing to the Referees Secretary**