Swindon & District Community Football League

"Football in the Community, for the Community"

Match/Team Sheet (required from each team)

Game Date | **Kick-off time**

League/Cup **Match**

Home team | **Score**

Away team | **Score**

Shirt no.	Players Full Name (CAPITALS PLEASE)	DBS or FA First Aid Certified	Goals	Cards R/Y/Sin	Player Subs

Shirt no.	Substitutes Full Name (CAPITALS PLEASE) 5 from 5 Playable	DBS or FA First Aid Certified	Used	Goals	Cards R/Y/Sin	Player Subs

Submitting Club Name	
Club Official Signature	
Print Club Official	
Print Club Welfare Officer:	
Print Referee Name	

Submitting Club Marks	
Opposition	
Referee	
Asst. Ref (if applicable)	
Ref Fee Paid	Y / N

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

Copy (digital acceptable) to Results Secretary (by 6.00pm on Wednesday after match)

Submitter keeps White copy, , Yellow copy to your opponents, Pink copy 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