



## FOOTBALL NSW LIMITED TEAM SHEET

FOOTBALL NSW LIMITED  
PO BOX 6146  
BAULKHAM HILLS BUSINESS CENTRE  
NSW 2153  
Phone: (02) 8814 4400 Fax: (02) 8814 4483  
ABN 25 003 215 923

HOME TEAM

ROUND \_\_\_\_\_

VISITING TEAM

Vs \_\_\_\_\_

|                 |                     |               |
|-----------------|---------------------|---------------|
| DIVISION: _____ | REFEREE: _____      | BRANCH: _____ |
| GRADE: _____    | ASSIST REF: _____   | BRANCH: _____ |
| GROUND: _____   | ASSIST REF: _____   | BRANCH: _____ |
| DATE: _____     | 4TH OFFICIAL: _____ | BRANCH: _____ |

| Shirt #     | FFA NUMBER | HOME TEAM (PRINT) | SUB NO. | GLS |
|-------------|------------|-------------------|---------|-----|
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| SUBSTITUTES |            |                   |         |     |
|             |            |                   |         |     |
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| Shirt #     | FFA NUMBER | VISITING TEAM (PRINT) | SUB NO. | GLS |
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| SUBSTITUTES |            |                       |         |     |
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HOME TEAM CAUTIONS

VISITING TEAM CAUTIONS

| Shirt #                 | FFA NUMBER | HOME TEAM (PRINT) | OFFENCE | TIME |
|-------------------------|------------|-------------------|---------|------|
|                         |            |                   |         |      |
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| HOME TEAM SEND-OFFS     |            |                   |         |      |
|                         |            |                   |         |      |
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|                         |            |                   |         |      |
|                         |            |                   |         |      |
|                         |            |                   |         |      |
|                         |            |                   |         |      |
| Manger/Secretary: _____ |            |                   |         |      |

| Shirt #                 | FFA NUMBER | VISITING TEAM (PRINT) | OFFENCE | TIME |
|-------------------------|------------|-----------------------|---------|------|
|                         |            |                       |         |      |
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|                         |            |                       |         |      |
| VISITING TEAM SEND-OFFS |            |                       |         |      |
|                         |            |                       |         |      |
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|                         |            |                       |         |      |
|                         |            |                       |         |      |
| Manger/Secretary: _____ |            |                       |         |      |

HOME TEAM: 1/2 Time \_\_\_\_\_ Score \_\_\_\_\_  
Full Time \_\_\_\_\_ Score \_\_\_\_\_

VISITING TEAM: 1/2 Time \_\_\_\_\_ Score \_\_\_\_\_  
Full Time \_\_\_\_\_ Score \_\_\_\_\_

Managers are to sign the Team Sheet at the end of the match signifying that all details are correct. Ensure that scores are checked as no appeals are permitted once Team Sheet is received by FOOTBALL NSW LIMITED.

REFEREE'S SIGNATURE: \_\_\_\_\_ I.D No: \_\_\_\_\_

Note: Referee's Reports on the back of this sheet are to be filled in. Goal Scorers and Substitutions are to be recorded. Incorrect numbering of players is also to be reported.

**REFEREE'S REPORT**

PLEASE TICK THE APPROPRIATE BOX

|   |  |                  |                  |                  |
|---|--|------------------|------------------|------------------|
| E<br>X<br>C<br>E<br>L<br>L<br>E<br>N<br>T | V<br>E<br>R<br>Y<br><br>G<br>O<br>O<br>D | G<br>O<br>O<br>D | F<br>A<br>I<br>R | P<br>O<br>O<br>R |
|---|--|------------------|------------------|------------------|

FURTHER COMMENTS AS REQUIRED

|                           |  |  |  |  |  |
|---------------------------|--|--|--|--|--|
| GROUND SURFACE            |  |  |  |  |  |
| FIELD MARKINGS            |  |  |  |  |  |
| GOAL POSTS                |  |  |  |  |  |
| CORNER FLAGS              |  |  |  |  |  |
| NETS                      |  |  |  |  |  |
| REFEREES CHANGE ROOM      |  |  |  |  |  |
| ATTITUDE OF THE HOME TEAM |  |  |  |  |  |
| ATTITUDE OF THE AWAY TEAM |  |  |  |  |  |

WHAT BRAND OF BALLS WERE USED? \_\_\_\_\_  
 WAS A PUBLIC ADDRESS SYSTEM USED? \_\_\_\_\_  
 DID THE TEAMS TAKE THE FIELD ON TIME? \_\_\_\_\_  
 WAS ALCOHOL AVILABLE? \_\_\_\_\_

**PLAYER STOOD DOWN - Please Print Clearly**

| FFA NUMBER | HOME PLAYERS NAME |
|------------|-------------------|
|            |                   |
|            |                   |
|            |                   |

| FFA NUMBER | VISITING PLAYERS NAME |
|------------|-----------------------|
|            |                       |
|            |                       |
|            |                       |

**CLUB GROUND OFFICIALS - Please Print Clearly**

| HOME TEAM OFFICIALS | JACKET NO. | VISITING TEAM OFFICIALS |
|---------------------|------------|-------------------------|
|                     | 1          |                         |
|                     | 2          |                         |
|                     | 3          |                         |

**PLAYER OF THE YEAR POINTS - Please Print Clearly**

| FFA NUMBER      | HOME VOTE FOR POY PLAYERS NAME | POINTS | FFA NUMBER      | AWAY VOTE FOR POY PLAYERS NAME |
|-----------------|--------------------------------|--------|-----------------|--------------------------------|
|                 |                                | 3      |                 |                                |
|                 |                                | 2      |                 |                                |
|                 |                                | 1      |                 |                                |
| AWAY TEAM NAME: |                                |        | HOME TEAM NAME: |                                |

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REFEREES'S NAME: \_\_\_\_\_ ID NO. \_\_\_\_\_

SIGNATURE: \_\_\_\_\_