7-a-side Football League

Referee Sheet Team Details

(given on receipt of weekly payment)

SPORTING EDGE

Team Name: _____

Date: _____

Please list your team of 10 players for this week's football. They should correspond to the squad of 15 you have already presented. All players must be 18 or over.

Squad Number	Player Name (Please use BLOCK CAPITALS)	Goals	Disciplinary
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Team Manager : _____

(Signature)

Please present the team sheet to the referee before your game.

NB. No team sheet = no game

All information received on this application form will be treated in accordance with the Data Protection Act 1998. It will be used solely for the purpose of your Sporting Edge membership and will not be made available to any outside agencies. If you do not wish to receive any information from Sporting Edge please tick this box

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