TEAM SHEET - Central Venue								
Date	ко	Time	Venue					
/ /		:						
Age Group			League Divisions Name					
League Game			Cup		Shield		Trophy	



ANY MANAGERS, PLAYERS OR SPECTATORS SHOWING ANY SYMPTOMS OF COVID-19 MUST NOT ATTEND ANY CENTRAL VENUE

Team Name		Score		Opposition Team Name			
	Players Full	Name	Goals		Parents Name	Contact N	lumber
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Tick the appropriate box to confirm player squad lists have been exchanged							
	Managers Signature					Tick	
	Managers Name					Вох	

Using CAPITAL LETTERS it is your responsibility to correctly complete the team sheet

REFEREE NAME Age Fixture Contact Team Sheet Playing Ball

Age	Age Fixture Contact		Team Sheet	Playing	Ball
Group	Secretary	Number	Email Address	Time	Size
U7s Boys	Gary Trewick	07904 423501	u7teamsheet@nfleague.co.uk	2 x 20 Minute Halves	Size 3
U8s Boys	Gary Trewick	07904 423501	u8teamsheet@nfleague.co.uk	2 x 20 Minute Halves	Size 3
U8s Girls	Gary Trewick	07904 423501	u8girlsteamsheet@nfleague.co.uk	2 x 20 Minute Halves	Size 3
U9s Girls	Gary Trewick	07904 423501	u9girlsteamsheet@nfleague.co.uk	2 x 20 Minute Halves	Size 3
U10s Girls	Gary Trewick	07904 423501	u10girlsteamsheet@nfleague.co.uk	2 x 25 Minute Halves	Size 3
U11s Girls	Gary Trewick	07904 423501	u11girlsteamsheet@nfleague.co.uk	2 x 25 Minute Halves	Size 4

Please return FULLY completed by MONDAY to the correct Email address ABOVE

This is due to the form being used as a track and trace system for the Central Venues

TRACK & TRACE

Each team is to complete their own team sheet.

Next to the players name you must provide the name and contact number of the parent/guardian who has accompanied the player to the venue.