



# NORTH WEST COUNTIES 8-12,S J.R.L.



Home	v	Away
	1	
	2	
	3	
	4	
	5	
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	10	
	11	
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	19	
	20	

**NO CARDS NO PLAY**

Please include full names of all players participating not just initials.

DATE		AGE GROUP	
SCORE			
Referee:		Signature:	
PRE-MATCH CHECKLIST	POST PADS	STUDS	JEWELLRY
			CARDS

Dismissal	Player (Name & Number)	Team	Nature of Offence

Serious injuries sustained during play

HOME TEAM	
Coach Name	
Coach ID Number	
Signature	

AWAY TEAM	
Coach Name	
Coach ID Number	
Signature	

TEAM SHEETS ARE THE RESPONSIBILITY OF THE HOME TEAM AND MUST BE HANDED IN AT THE NEXT AVAILABLE MEETING. PLEASE FULLY COMPLETE ALL SECTIONS OF THIS FORM. FAILURE TO DO SO WILL INCUR A FINE OF £5. IF TWO SHEETS ARE MISSING IN THE SAME MONTH THEN A FURTHER FINE OF £40 WILL BE ADDED. REFEREE COMMENTS OVERLEAF PLEASE.