



# PRE-MATCH TEAM SHEET

COMPLETE & HAND TO OPPONENTS/REFEREE BEFORE KICK OFF

Your Team	F.C.	Opponents	F.C.
Date of Match	/ / 20	Competition	

## Starting Eleven (use BLOCK CAPITALS and ink pen)

Shirt No	Forename	Surname

## Substitutes (use BLOCK CAPITALS and ink pen)

Shirt No	Forename	Surname

I confirm that this team sheet provides an accurate record of the players participating in this fixture

Print name		Sign	
White copy to referee	Pink copy to opponents	Blue copy to be retained	
All parties, please retain copy for at least 28 days in case of protest			