



WYCOMBE + SOUTH BUCKS MINOR FOOTBALL LEAGUE



Team Sheet

Date:		U12/13/14/15/16/17/18 Division 1/2/3/4/5 L/C/MC/DHC/JRMC (Circle as applicable)		
Home Team name:		Goals:	Visiting Team name:	
Goals:		Goals:		
Team Colours			Team Colours	
Shirt Number	Full Name of Player (Block Capitals)	Subs	Goal Scorers	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
14				
15				
16				
17				

SUBS MUST BE CLEARLY MARKED ON THE RESULT SHEET

MARKING OF REFEREES: (This section must be completed)

Name of Referee:

_____ /100

Marks of 60 or below should be accompanied by a letter.

Signed by:

For:

Club

Signature:

The signed copy is to be emailed to the Fixture Secretary Steve Heath em. s.heath0@talk21.com
to arrive no later than 4 days after the game. A copy shown to the Opposition & Referee prior to KO.

A Copy to be retained for your records.