



FOOTBALL NSW LIMITED TEAM SHEET

FOOTBALL NSW LIMITED
PO BOX 6146
BAULKHAM HILLS BUSINESS CENTRE
NSW 2153
Phone: (02) 8814 4400 Fax: (02) 8814 4483
ABN 25 003 215 923

HOME TEAM

ROUND _____

VISITING TEAM

Vs _____

DIVISION: _____	REFEREE: _____	BRANCH: _____
GRADE: _____	ASSIST REF: _____	BRANCH: _____
GROUND: _____	ASSIST REF: _____	BRANCH: _____
DATE: _____	4TH OFFICIAL: _____	BRANCH: _____

Shirt #	FFA NUMBER	HOME TEAM (PRINT)	SUB NO.	GLS	Shirt #	FFA NUMBER	VISITING TEAM (PRINT)	SUB NO.	GLS
SUBSTITUTES					SUBSTITUTES				

HOME TEAM CAUTIONS					VISITING TEAM CAUTIONS				
Shirt #	FFA NUMBER	HOME TEAM (PRINT)	OFFENCE	TIME	Shirt #	FFA NUMBER	VISITING TEAM (PRINT)	OFFENCE	TIME
HOME TEAM SEND-OFFS					VISITING TEAM SEND-OFFS				

Manger/Secretary: _____	Manger/Secretary: _____
HOME TEAM: 1/2 Time _____ Score	VISITING TEAM: 1/2 Time _____ Score
Full Time _____ Score	Full Time _____ Score

Managers are to sign the Team Sheet at the end of the match signifying that all details are correct. Ensure that scores are checked as no appeals are premitted once Team Sheet is received by FOOTBALL NSW LIMITED.

REFEREE'S SIGNATURE: _____ I.D No: _____

Note: Referee's Reports on the back of this sheet are to be filled in. Goal Scorers and Substitutions are to be recorded. Incorrect numbering of players is also to be reported.

TEAM SHEET
REFEREE'S REPORT

PLEASE TICK THE APPROPRIATE BOX

L	G	G	F	P
L	O	O	A	O
E	O	O	I	O
N	D	D	R	R
T				

FURTHER COMMENTS AS REQUIRED

GROUND SURFACE					
FIELD MARKINGS					
GOAL POSTS					
CORNER FLAGS					
NETS					
REFEREES CHANGE ROOM					
ATTITUDE OF THE HOME TEAM					
ATTITUDE OF THE AWAY TEAM					

WHAT BRAND OF BALLS WERE USED? _____

WAS A PUBLIC ADDRESS SYSTEM USED? _____

DID THE TEAMS TAKE THE FIELD ON TIME? _____

WAS ALCOHOL AVAILABLE? _____

PLAYER STOOD DOWN - Please Print Clearly

FFA NUMBER	HOME PLAYERS NAME

FFA NUMBER	VISITING PLAYERS NAME

CLUB GROUND OFFICIALS - Please Print Clearly

HOME TEAM OFFICIALS	JACKET NO.	VISITING TEAM OFFICIALS
	1	
	2	
	3	

PLAYER OF THE YEAR POINTS - Please Print Clearly

FFA NUMBER	HOME VOTE FOR POY PLAYERS NAME	POINTS	FFA NUMBER	AWAY VOTE FOR POY PLAYERS NAME
		3		
		2		
		1		
AWAY TEAM NAME:			HOME TEAM NAME:	

COMMENTS: _____

REFEREES'S NAME: _____ ID NO. _____

SIGNATURE: _____