



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

AWAY TEAM

DIVISION: _____ REFEREE: _____
 GRADE: _____ ASSIST REF: _____
 VENUE: _____ ASSIST REF: _____
 DATE: _____ 4TH OFFICIAL: _____

BRANCH: _____
 BRANCH: _____
 BRANCH: _____
 BRANCH: _____

Shirt #	FFA NUMBER	HOME TEAM (PRINT)	Starter Y/N	Goal	YELLOW	RED

Shirt #	FFA NUMBER	AWAY TEAM (PRINT)	Starter Y/N	Goal	YELLOW	RED

Manger/Secretary: _____

Manger/Secretary: _____

HOME TEAM: 1/2 Time _____ Score
 Full Time _____ Score

AWAY TEAM: 1/2 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 permitted once Team Sheet is received by FOOTBALL NSW LIMITED.

CLUB GROUND OFFICIALS - Please Print Clearly

HOME TEAM OFFICIALS	JACKET No.	AWAY TEAM OFFICIALS
	1	
	2	
	3	

PLAYERS STOOD DOWN - Please Print Clearly

FFA No.	HOME PLAYERS NAME	FFA No.	AWAY PLAYERS NAME

REFEREE NAME: _____ REFEREE FFA No. _____ REFEREE SIGNATURE: _____

Note: Goal Scorers and Substitutions are to be recorded. Incorrect numbering of players is also to be reported.

The winning team is to email the completed team sheet to matchreports@footballnsw.com.au