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| **LCFA Teams sheets to be handed in at LCFA House before 8pm on Match Day, 46 James St, Mt.Gambier** C:\Users\Warren\Downloads\LCFA Logo (2).jpg **Team Name: Competition: Sen/Res/U17/U14/U12****Teams: Venue:****Date: Round: K.O Time:** |

 **FFA Shirt**

 **Number no. Player Name Starting Sub On/Off Goals YC/RC Injuries**

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| \* Only 16 players may be listed on the team sheet prior to kick off. Players not playing must be crossed off. (Junior can have 18 players)**Manual Amendments to Team Sheet** |
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| **Match Officials** | **Name** | **Signature** |
| **Referee** |  |  |
| **A/Referee 1** |  |  |
| **A/Referee 2** |  |  |
| **4th Official / Assessor** |  |  |

**Report to be submitted? (Please Circle)** Yes No

|  |  |  |  |
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| **Club Officials** | **Name** |  | **Name** |
| Coach |  | Ground Steward |  |
| A/Coach |  | Ground Steward |  |
| Manager |  |  |  |
| Trainer |  |  |  |
|  | **Half Time** | **Full Time** | **Extra Time HT** | **Extra Time FT** | **Penalties** |
| Home Team |  |  |  |  |  |  |
| Away Team |  |  |  |  |  |  |

**Signature of Club Official/ Team Manager**

By signing this I agree that the information on this team sheet is true and correct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_