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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_