



Capital Football  
TEAMSHEET  
TRIAL MATCH

HOME TEAM

AWAY TEAM

DIVISION: \_\_\_\_\_  
GRADE: \_\_\_\_\_  
VENUE: \_\_\_\_\_  
DATE: \_\_\_\_\_

Vs

REFEREE: \_\_\_\_\_  
ASSISTANT: \_\_\_\_\_  
ASSISTANT: \_\_\_\_\_  
4TH OFFICIAL: \_\_\_\_\_

Shirt #	FFA NUMBER	HOME TEAM (PRINT)	Starter Y/N	SUB No.	Goal	YELLOW	MIN.	RED	MIN.

Shirt #	FFA NUMBER	AWAY TEAM (PRINT)	Starter Y/N	SUB No.	Goal	YELLOW	MIN.	RED	MIN.

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 Capital Football**

**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 SIGNATURE: \_\_\_\_\_

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