

North West Women's Regional Football League

OFFICIAL TEAM SHEET **Season** _____ **Division:** _____ **League Game / Cup Plate**
(delete as appropriate)

Home Team _____ Away Team _____

Venue: _____ KO: _____ Date: _____

Home Team

Away Team

	FULL NAME (CAPITAL LETTERS)	Goals
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		

	FULL NAME (CAPITAL LETTERS)	Goals
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		

SUBSTITUTES (ANY 3 FROM 5) ✓

SUBSTITUTES (ANY 3 FROM 5) ✓

12		
13		
14		
15		
16		

12		
13		
14		
15		
16		

Own Goals

Own Goals

Match Score

Match Score

Name of Player of the Match

Home Team: _____

Away Team: _____

Referee (to be completed by referee)

Name: _____

Address: _____

Signature: _____

County FA: _____

Referee reporting to County FA Yes No

Marks out of 100 Home Team: _____ Away Team: _____

Results must be phoned to Gill Wallworth on 0151-920-3313 by 5.30 pm
(Results available after 7.30 pm Sunday)

Postponements must be phoned to Gill Wallworth on 0151-920-3313 as soon as they are known.



Home clubs must send top copy of this team sheet within 2 days of the game by 1ST CLASS POST to : Ann Miller, 75 Rudyard Road, Liverpool, L14 5NN.

***Fine applicable if not received within this time scale.**

Yellow copy to be retained by the home team

Pink copy to be given to the away team