

When at home complete left side of sheet. When away complete right side of sheet supplied by home team



Granville & Districts Soccer Football Association Inc. PO Box 454, Granville NSW 2142
 ABN 87 722 086 347

Team Sheet

Age/Div	17/1	Round	17	Date	03/08/13	Kick-off	01:00 PM	Ground	Guildford West Sports Ground 1
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Home Team: Holroyd Rangers

Away Team: Greystanes

Shirt No.	FFA No.	Player Name	YC	RC	Shirt No.	FFA No.	Player Name	YC	RC
6	65775520	Smith, A			GK	59921049	Black, A		
11	66391764	Smith, B			5	54074307	Black, B		
3	44005478	Smith, C			DNP	77519957	Black, C		
4	60001211	Smith, D			11	52557014	Black, D		
DNP	59922039	Smith, E			7	75290205	Black, E		
5	59922146	Smith, F			10	59101725	Black, F		
12	59922419	Smith, G			DNP	59092965	Black, G		
9	59922617	Smith, H			3	66326976	Black, H		
DNP	59922609	Smith, I			9	66452087	Black, I		
10	64251408	Smith, J			12	52564572	Black, J		
7	52383429	Smith, K			4	60016607	Black, K		
GK	59923136	Smith, L			8	52358652	Black, L		
2	44000560	Smith, M			2	52548278	Black, M		
8	60017159	Smith, N			13	52546900	Black, N		
13	60016896	Smith, O			6	60598943	Black, O		

AWAY team to sign indicating HOME team cards have been checked

HOME team to sign indicating AWAY team cards have been checked

IDs checked _____
 Name (please print) _____ Signature _____

IDs checked _____
 Name (please print) _____ Signature _____

BORROWED PLAYERS (maximum 2 per team)

25	99999999	Jones, P (U16-2's)			50	99999999	Brown, Z (U16-3's)		
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Home Team Score ****** ****Ensure referee has entered Score correctly after game**

Away Team Score ****** ****Ensure referee has entered Score correctly after game**

Coach or Manager
Name and signature to be completed prior to kickoff
 Name (please print) _____ Signature _____
Team Official (yellow vest)
Name and signature to be completed prior to kickoff
 Name (please print) _____ Signature _____

Coach or Manager
Name and signature to be completed prior to kickoff
 Name (please print) _____ Signature _____
Team Official (yellow vest)
Name and signature to be completed prior to kickoff
 Name (please print) _____ Signature _____

MATCH OFFICIALS (please print)

Referee _____ Assistant 1 _____ Assistant 2 _____
 Arbiter game number

Offence	Code	OFFENCE CODES DESCRIPTION
Serious foul play	R1	Excessive force or brutality when challenging for the ball
Violent Conduct	R2(a)	Excessive force or brutality when NOT challenging for the ball
	R2(b)	Violent conduct against a Match Official
	R2(c)	Violent conduct of the most serious nature that intends to cause significant bodily harm to any person
Spitting	R3(a)	Spitting at an opponent or any other person
	R3(b)	Spitting at a Match Official
	R4	Denies the opposing team a goal or goal-scoring opportunity by deliberately handling the ball
	R5	Denies and obvious goal-scoring opportunity by an opponent moving towards his/her goal by an offence punishable by a free kick or a penalty kick
Offensive or insulting language and/or gesture	R6(a)	Not covered by either situation below
	R6(b)	Use of discriminatory language and/or gesture to another player
	R6(c)	Use of offensive, insulting or abusive language and/or gesture against a Match Official
	R7	Second caution in same match