****

**TEAM SHEET**

|  |  |
| --- | --- |
| Team |  |
| Opposition |  |
| League/Cup Name |  |
| Date |  |  |  |
| Official in Charge |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Kit No.** | **Home Team** | **Playing? Y / N** | **Kit No.** | **Away Team** | **Playing? Y / N** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Home Team** | **Away Team**  |
| Captain Name  | Captain Name |
| Signature | Signature |
| Result  |  (H) v (A) |
| Playing under protest | Yes / No |

**Retain for your records**

Any players with medical exemptions must be marked as M.E., verified Medical Exemption form, validated by AU to accompany team sheet. Circle the names of any players that require further verification, i.e. did not have ID, not verified by AU, considered to be a higher tiered team player without medical exemption, note the nature of the query and present to your AU for processing.