SURREY COUNTY FOOTBALL ASSOCIATION

Competition	
Team	

It is requested that this team sheet be handed to the referee prior to the commencement of the game preferable at least 10 minutes before kick off.

Shirt No	**Print Name**	**Signed**

Named Substitutes – three may be used from five **which must be named.**

Signed (Club Official)	Print
Position in Club	

This team sheet should be retained by the referee for one month after the game.

TSheet2