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**

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Named Substitutes –

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Signed (Club Official)……..…..….Print…….…….……

Position in Club……..…….....

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

TSheet2