



TEAM SHEET

Please complete in BLOCK LETTERS in black font or black ink

Your Club:

Date:	Round:		Venue:	
Shirts:		Shorts:		Socks:
Goal Keepers Shirt:		Shorts:		Socks:
Team Details				

Team Details					
Shirt No.	Surname	Forename	Reg JPL Player		
	Nominated Sub				
Shirt No	Surname	Forename	Reg JPL Player		
Team Offi	rials	Position]		
Team Om	Cidis	rosition	-		
			-		
			-		
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Teams are required to indicate the players who are registered or have been registered in a JPL in the current season (up to a maximum of 5 in the Match Day squad)

Copies of this Team

Copies of this Team
Sheet must be
completed and
exchanged with your
opponents and Match
referee in accordance
with the competition
rules. Failure to adhere
to this rule will result to
elimination.

In this competition this must be at least 30 Minutes before the advertised time of kick off in all rounds.

Sheets must be retained by all parties for at least 56 days after the match

Name:	Position: