

## **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 Det	ails			
Shirt No.	Surname	Forename	Reg JPL Player	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
				Sheet must be
				completed and
				exchanged with your
				opponents and Match referee in accordance
				with the competition
	Nominated Su		rules. Failure to adhere	
Shirt No	Surname	Forename	Reg JPL Player	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.
Team Off	icials	Position		
				Sheets must be retained
				by all parties for at least
-				56 days after the match

Name:		Position:
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**JUNIOR GIRLS U14 CUP**