Gladesville-Hornsby Football Association
Team Sheet

Grade: **Kick-off:** **Ground:**
Date:

Home Team: ***Away Team:***

C/S Code	*Shirt #*	*FFA No.*	*Player name*

C/S Code	*Shirt #*	*FFA No.*	*Player name*

NOTE:
U/9 to U11: **No more than 14 names permitted on the team sheet**
U/12 to A/A: **No more than 16 names permitted on the team sheet**
Over 35/45: **No more than 18 names permitted on the team sheet**

YOU MUST CROSS OFF
any player who does not play or forfeits will apply

UPGRADED PLAYERS

C/S Code	*Shirt #*	*FFA No.*	*Player Name*	*Team*

C/S Code	*Shirt #*	*FFA No.*	*Player Name*	*Team*

Home Score:	
Home Coach: (print)	
Home Manager: (print)	
Manager's Signature: I have sighted the opposition's photo IDs & checked score	

Away Score:	
Away Coach: (print)	
Away Manager: (print)	
Manager's Signature: I have sighted the opposition's photo IDs & checked score	

Referee:	**No:**	**Signature:**	
Asst. Referee:	**No:**	**Asst. Referee:**	**No:**

Send Team Sheet to: Gladesville-Hornsby Football Association, P.O. Box 1308, Macquarie Centre NSW 2113