

## **Suffolk Youth Football League Team Sheet**

Age Section U 's	Division -	Competition Type - League /Cup/Plate		KO Time – 10.30
Name of Club -			Date of Fixtu	re -
Home Team -			Goals -	
Away Team -			Goals -	

- List full squad in alphabetical order by Surname (BLOCK CAPITALS).
- In Column 4 Participation √or **S** The players who start the match should be ticked. Substitutes who have appeared in the match should be indicated as an S.

SURNAME	FORENAME	SHIRT NUMBER	PARTICIPATION √or S	GOALS	
RESPECT M	ARKS (Compl	ete this section after ex	changing team sheets)		
Players					
Managers/Coaches			/100*		
Spectators					
Referee			/100**		

Signed on Beha	If of the Club -
----------------	------------------

**Print Name -**

- Team sheets must be signed by those listed above and given to opposition 10 minutes before kick-off.
- . Clubs MUST retain a copy for their own records and enter onto Fulltime Website as Per Rule 21A
- Respect Marks entered onto Full time by awarding up to 100 points for Players, Managers / Coaches and Spectators.
- \*Respect Marks of 60 or less require a fully documented explanation sent to Operations Team
- \*\*Referee's Marks entered onto Full time are out of 100 but marks of 60 or less require a fully documented explanation sent to <a href="mailto:syf116@hotmail.com">syf116@hotmail.com</a> on the Low Referee Mark Form.