

ITCS BRIDGEND PORT TALBOT FOOTBALL LEAGUE

MATCH DAY TEAM SHEET (11v11)



Division / Cup Competition	Date	Home Team		Goals
	Time	Away Team		Goals
Are you comple	eting this form as the H	ome or Away team? (Please tick) Hor	ne Away	

Starting Team (BLOCK CAPITALS) Goals Y # R Player Full Name Comet ID **Player Full Name** Comet ID Player Full Name Comet ID Player Full Name Comet ID

Y	R
	Y

Home Signature	Away Signature		Referee Signature			
Result to be transmitted to league by HOME club. Signatures verify that registration cards have been checked, and the score documented is correct.						

BOTH teams are responsible for submission of THEIR team sheet to the league within 48 hours of the stated kick off time (preferably by email). These forms are only to be used in the event of COMET not being accessible on a match-day.