	Adelaide Hills Junior Football Association													
Team Name:		Competition:										AHJFA		
Teams:		Venue:												
Date:	K.O. Tii) :								
FFA Number	Shirt No.	Player Name		Startii	ng	Sub	On / Off	G	oals	YC /RC	Injuries	Best/ 3-2		
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Manual Amendments to Team Sheet														
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Match Officia	tch Officials			Name										
Referee											gnature			
A/Referee 1														
A/Referee 2														
4th Official														
Assessor														
Report to be su	ubmitted	d? (Please Circle) Y	es N	o										
Club Officials	fficials Name		YC		YC	RC				Name		YC	RC	
Coach							Ground Stev	Steward						
A/Coach							Ground Stev	vard						
Manager	nager						Ground Steward							
Trainer							Ground Stev	vard						
Physio							Ground Stev	vard						
Other														
Refer to Rules & Regulations for Notification of Results. Fin apply.							Half Time	Ful	I Time	Extra Time Half Time	Extra Time Full Time	Pen	alties	

Signature of Club Official/Team Manager

Home Team Away Team

By signing this I agree that the information contained on this team sheet is true and correct.