STROUD LEAGUE TEAM SHEET

Complete and hand to the referee and a representative of the opponents at least 10 minutes before kick-off.

Team:.....

Division:..... **Date** .....

(Shirt numbers must comply with players names)

Shirt No.	**Player**
.....	.....
.....	.....
.....	.....
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.....	.....
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.....	.....
.....	.....

Shirt No	**Named Substitutes**
.....	.....
.....	.....
.....	.....

Signed .....
Name .....
Position in Club .....

Retained copy

Remove and retain the WHITE copy for NHS Test & Trace purposes

Club personnel also attending this match should be recorded on the back of this

STROUD LEAGUE TEAM SHEET

Complete and hand to the referee and a representative of the opponents at least 10 minutes before kick-off.

Team:.....

Division:..... **Date** .....

(Shirt numbers must comply with players names)

Shirt No.	**Player**
.....	.....
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Shirt No	**Named Substitutes**
.....	.....
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Signed .....
Name .....
Position in Club .....

Opponents copy

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STROUD LEAGUE TEAM SHEET

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Team:.....

Division:..... **Date** .....

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Shirt No.	**Player**
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Shirt No	**Named Substitutes**
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.....	.....

Signed .....
Name .....
Position in Club .....

Referee copy

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