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 Colours ..... **Shorts** .....

(Shirt numbers must comply with player names)

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

White copy - Opponents
Green copy - Referee
Blue copy - Retain

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