



NORTH EAST HAMPSHIRE YOUTH LEAGUE

MATCH DAY TEAM SHEET

Section 1

NAME OF TEAM	
No	PLAYERS' NAMES
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	

Section 1. Complete your team name, players and substitutes names in block capitals; fill in match details; and confirm image consent. This form **MUST** be sent to, or handed to, the opposition Team Manager prior to kick-off.

Section 2. The receiving Team Manager should sign and retain. If required or requested for any reason, the team manager will forward the form to the appropriate Divisional Secretary for review. Comments e.g. late kick off, team at fault etc please note on reverse. League Rule 11 refers.

Home Team

vs

Away Team

Age Group	Division	League/Cup/InterDiv/Ash Trophy	Date of Match
Under			

<p>I confirm I have consent for all players listed for images/video to be taken at the match. If NO inform your opposition as soon as practical – on matchday both Respect Stewards should help to ensure images are not taken.</p>	YES/NO
---	---------------

Manager's Signature

Qualified First Aider (Home Team Only)	
Name	
FAN No.	

Section 2

I HAVE CHECKED THE OPPOSITION'S PLAYER ID PHOTO SQUAD LIST	
Match Card from	(Name of Team)
RECEIVING MANAGER'S SIGNATURE	