VICSOCCER
Player Team Sheet

Home Team _____ Away Team _____ Match Date _____

Players of _____ Club Secretary _____ Seniors/Reserves _____

Shirt No	ID No	Surname	Initial	Signature	Goals	Caution	Send Off	Substitute By No	Substitute Time	Best/Fair Votes
The first 11 players to take the field must be listed above. List up to seven substitutes in the spaces below.										

Referee Name _____ Signature _____ Fee Received $_____

Assistant Referee Name _____ Signature _____ Fee Received $_____

Assistant Referee Name _____ Signature _____ Fee Received $_____

FINAL SCORE: Home Team _____ Away Team _____ Match played to completion (Y/N) _____ Separate Reports Attached (Y/N) _____

Office Use Only

Date received Send Off IDs enclosed Cautions Entered Best & Fairest Entered Notes/Comments