

Mini Football Squad Sheet



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Division: _____ Venue: _____ Date: _____

CLUB & TEAM	MANAGER NAME	COMET ID	FAW WELFARE CARD	CORNER FLAGS
			N/A	YES / NO
			YES / NO	YES / NO
			YES / NO	YES / NO
			YES / NO	YES / NO

CLUB: _____ TEAM: _____

	PLAYER NAME	COMET ID
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

MANAGER (PRINT): _____ SIGNATURE: _____ COMET ID: _____

NOTE – EACH OPPOSING MANAGER MUST SIGN BELOW INDICATING THAT THIS SQUAD SHEET IS FILLED IN CORRECTLY AND ALL PLAYERS LISTED ARE IN ATTENDANCE.

OPPOSITION TEAM: _____ MANAGER: _____

OPPOSITION TEAM: _____ MANAGER: _____

OPPOSITION TEAM: _____ MANAGER: _____

INCOMPLETE FORMS WILL BE REJECTED AND OFFENDING TEAMS CHARGED.

THIS SHEET MUST BE RETURNED NO LATER THAN 9PM ON THE FOLLOWING WENDESDAY.

EMAIL SHEETS TO minisheets@swanseajfl.co.uk