



TEAM SHEET

Your School Name	Field #	:	pm	/10/2022	Div / Age Gr.
	Game Location Highfields		Time	Date	
Opposition School Name					

YOUR TEAM

SCORES

OPPOSITION TEAM

NAME	
TRIES (5 Points)	
CONVERSION (2)	
PENALTIES (3)	
DROP GOAL (3)	
TOTAL SCORE	

NAME	
TRIES (5 Points)	
CONVERSION (2)	
PENALTIES (3)	
DROP GOAL (3)	
TOTAL SCORE	

Managers Name	
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Managers Name	
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WINNING TEAM NAME

Verify with Other Team at Full Time. Referee to sign below.

REFEREE'S NAME			
SIGNATURE:			
SIN BIN (SB)	&	SEND OFF (SO)	
<u>TEAM</u>	<u>NAME</u>	<u>Jersey #</u>	<u>SB/SO</u>

Blue Card / Suspected Concussion	
Name:	Jersey No:
Concussion Referral Completed? Yes / No	Team:

Submit or take a photo and text message the completed and signed Team Sheet at the conclusion of each game to the Competition Manager. Mobile: 0431 134 236

If this team sheet is submitted incomplete or unsigned by opposition manager &/or referee, the competition points you're entitled to *will not* be accrued.