



FOOTBALL
QUEENSLAND
SUNSHINE COAST

OFFICIAL TEAM SHEET

This Team Sheet **MUST** be in the hands of the **REFEREE** with all sections completed **15 mins PRIOR** to kickoff.

DATE: ____ / ____ / ____ KICK OFF TIME: _____

CLUB/TEAM:	
VENUE:	
HOME TEAM:	
AWAY TEAM:	

AGE:		DIVISION:			
REFEREES TO RECORD SCORES					
SCORES	HALF TIME	FULL TIME	EXTRA TIME	PENALTIES	
HOME					
AWAY					

SHIRT NO.	FIRST NAME (BLOCK LETTERS)	SURNAME (BLOCK LETTERS)	SIGNATURE	SUBS		YC		RC		GOALS
				No.	Time	1st Yellow	2nd Yellow	Code	Time	Time

MATCH OFFICIALS	FIRST NAME	SURNAME	SIGNATURE
Centre Referee			
Assistant Referee			
Assistant Referee			

TEAM OFFICIALS	FIRST NAME	SURNAME	SIGNATURE	CURRENT ID TAG NUMBER
Team Coach				
Team Manager				
Club Official				

COMMENTS:

WERE GROUND OFFICIALS PRESENT AT VENUE? (Referee to complete) YES NO

REFEREE SIGNATURE: _____ CLUB DELEGATE: _____

SUNSHINE COAST FOOTBALL OFFICE USE ONLY

Team Sheet recorded Goals recorded Disciplinary recorded