LIMERICK DISTRICT LEAGUE
Teamsheet

Competition: _____

A. _____ v B. _____
(Home Team) (Away Team)

Venue: _____

Date: _____ Kick Off: _____

Result: _____ Referee's Fee: €_____

Referee: _____ Assistants: _____

Use BLOCK letters for all parts

Players	Team Name:				
No.	PLAYER NAME	YC	YC	RC	Time

Substitutes		Shaded part for Referee use only Use Sending Off report for RC offences					
No.	Player Name	Replaced	Time	YC	YC	RC	Time
Please note 5 substitutions are allowed in all local competitions		Tick appropriate box if YC or RC and time of offence					

Technical Staff	Name	Role	Signatures
1			
2			
3			
4			
5			

This Teamsheet to be returned by the referee, with any report deemed necessary. All sendings off must be returned to Fixture Secretary within 48 hours of the game.

Referee Signature: _____