

**NEW SOUTH WALES COMBINED HIGH SCHOOLS SPORTS ASSOCIATION
KO FOOTBALL CUP & TROPHY TEAM REGISTRATION SHEET**

Send the completed team sheet to:
Your REGIONAL FOOTBALL CONVENER.
For fixtures in the CHS Finals & for Sports HS to:
Brendon Fotheringham, Five Islands College
brendon.fotheringham@det.nsw.edu.au
Phone: 0421 904 772 Fax: (02) 4276 2835

Round: ____ Cup / Trophy

Date: ____ / ____ / ____

Venue:

School: (home team)

versus

School: (away team)

Given Name and Surname	Goals	Caution/ Send off	Result:	Given Name and Surname	Goals	Caution/ Send off
1			()	1		
2			Defeated	2		
3			()	3		
			Referee & Assistant Referees:			
			Ref:			
			AR:			
			AR:			
			Game Duration:			
			35 minutes each way. Sudden Death Extra Time of 10 minutes each way will be played if required, then Penalty Shootout to determine the result			
			Interchange:			
			Unlimited as per team sheet			
			Cautions and Dismissals:			
			Cautions and dismissals are to be recorded on the back of Registration Sheet by the Referee			
			The Player of the Series:			
			This award is nominated by schools reaching the Semi Final & then judged in the Final by the CHS Football Sub Committee			
			Home & Away Fixtures:			
			Re-commence at the Final 16 stage (Round 6). For Sports High Schools , refer to the specific competition rules & draw			
Coach/Manager & contact number:			Coach/Manager & contact number:			
<i>The players named are Bona Fide members of the above school and are eligible to play the Football Cup/Trophy Competition.</i>			<i>The players named are Bona Fide members of the above school and are eligible to play the Football Cup/Trophy Competition.</i>			
Signed:			Signed:			
	(Manager/Coach)			(Manager/Coach)		
Signed:			Signed:			
	(Referee)			(Referee)		
Date:			Date:			



THE NSWCHSSA FOOTBALL KNOCKOUT COMPETITIONS ARE PROUDLY SPONSORED BY:

