



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

Send the completed team sheet to:
Your ASSOCIATION FOOTBALL CONVENER.
For fixtures in the CHS Finals & for Sports HSs:
Scott Pettit, Assistant Convener
scott.pettit1@det.nsw.edu.au
Phone: 0413 164 925

Round: ____ Cup / Trophy Date: ____ / ____ / ____ Venue: _____

School: <i>(home team)</i>			versus	School: <i>(away team)</i>		
Given Name and Surname	Goals	Caution/ Send off	Result:	Given Name and Surname	Goals	Caution/ Send off
1			()	1		
2			<i>Defeated</i>	2		
3			()	3		
4			Referee & Assistant Referees:	4		
5			Ref:	5		
6			AR:	6		
7			AR:	7		
8			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	8		
9				9		
10				10		
11				11		
12				12		
13				13		
14				14		
15				15		
16			16			
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:	<i>(Manager/Coach)</i>			Signed:	<i>(Manager/Coach)</i>	
Signed:	<i>(Referee)</i>			Signed:	<i>(Referee)</i>	
Date:				Date:		

