







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

CUP & TROPHY FOOTBALL KO TEAM REGISTRATION SH						IEET	For fixtures in the CHS Finals & for Sports HS to: Brendon Fotheringham, Assistant Convener				
Round:	Cup / Trophy Date: / / Ve				Venue:			brendon.fotheringham@det.nsw.edu.au Phone: 0421 904 772			
School: (home team)					versus	School: (away team)					
Given Name and Surname		Goals	Caution/ Send off	Result:	Given Name and Surname		me and Surname	Goals	Caution/ Send off		
1					()	1					
2					Defeated	2					
3					()	3					
4					Referee & Assistant Referees: 4						
5					Ref:	5					
6					AR:	6					
7					AR:	7					
8					Game Duration:	8					
9					35 minutes each way. Sudden Death Extra Time of 10 minutes	9					
10					each way will be played, if	10					
11					required, then Penalty Shootout to determine the result	11					
12					Interchange:	12					
13					Unlimited as per team sheet	13					
14					Cautions and Dismissals: Cautions and dismissals are to be	14					
15					recorded on the back of Registration Sheet by the Referee The Player of the Series:	15					
16						16					
Coach/Manager & contact number:				This award is nominated by schools reaching the Semi Final &	Coach/Manager & contact number:						
The players named are Bona Fide members of the above school and are eligible to play the Football Cup/Trophy Competition.				then judged in the Final by the CHS Football Sub Committee	The players named are Bona Fide members of the above school and are eligible to play the Football Cup/Trophy Competition.						
Signed:	(Manager/Coach)			Home & Away Fixtures: Re-commence at the Final 16	Signed:		(Manager/Coach)				
Signed:		(Referee)			stage (Round 6). For Sports	Signed:		(Referee)			
Date:				specific competition rules & draw	Date:						