RCLFA Championship Team Return

Date: _____

Team: _____ **Age Group:** _____

Home:		**Away:**			
Venue:		**Date:**		**Time:**	
Kit Colours:	**Shirts:**	**Socks:**			
	Shorts:	**GK:**	**Shirt:**	**Shorts:**	**Socks:**

Jersey No.	Players Name	P	S	I		MySAFA No.	Red or Yellow Cards

Coach/Manager Signature:

Technical Staff (FULL NAME AS ON MYSAFA CARD)	MySAFA No.
Coach:	
Assistant Coach:	
Manager:	
Physio:	
Medic:	

P = Starting Eleven (√)	**I = Injured (X)**
S = Substitute (S)	

Result: _____ _____

_____ _____

Referee Signature: _____

Referee Comments: _____