LUSL: BUCS

LUSL TEAM SHEET

TEAMUCL

Fixture Information:

DATE…… SPORT……

Team Name……

Opposition Name…….

League/Cup Name…… Fixture ID……

Official in Charge (sign)…….

Home Team:	Verified	Away Team:	Verified
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	
7.		7.	
8.		8.	
9.		9.	
10.		10.	
11.		11.	
12.		12.	
13.		13.	
14.		14.	
15.		15.	
16.		16.	
17.		17.	
18.		18.	
19.		19.	
20.		20.	
21.		21.	
22.		22.	
23.		23.	
24.		24.	
25.		25.	
Captain:		Captain:	
Signature:		Signature:	

Result: (HOME) v (AWAY)

Playing Under Protest? Yes/No

Notes:

Retain for your records

Any players with medical exemptions must be marked as M.E., verified medical exemption form, validated by AU to accompany team sheet.

Circle the names of any players that require further verification, i.e. did not have ID, not verified by AU, considered to be a higher tiered team player without medical exemption, note the nature of the query and present to your AU for processing.