

NSWCCC FOOTBALL KNOCKOUT GAME SHEET



Please note:

- Each team is responsible to complete their own game sheet and forward to the CSNSW Sport office – sportresponses@csnsw.catholic.edu.au –
- Title [NSWCCC Football Knockout] *School Name* three days after the match otherwise a draw will be declared.

VENUE: _____ DATE: _____

ROUND: _____ DIVISION: _____

HOME:			HOME:		
#	PLAYER	GOAL	#	PLAYER	GOAL
1.			1.		
2.			2.		
3.			3.		
4.			4.		
5.			5.		
6.			6.		
7.			7.		
8.			8.		
9.			9.		
10.			10.		
11.			11.		
SUBSTITUTE			SUBSTITUTE		
12.			12.		
13.			13.		
14.			14.		
15.			15.		
16.			16.		
The players named are enrolled students of this school and are entitled to play in this competition.			The players named are enrolled students of this school and are entitled to play in this competition.		
COACH SIGNED:			COACH SIGNED:		

RESULT _____ DEFEATED _____

FINAL SCORE: _____ REFEREE SIGNATURE _____