

# Wrexham & District Youth Football League

*U-15 Team Sheet*

*Season 2018/19*

*League/Cup*

Fixture: ..... v.....

Played at: ..... Date: .....

Shirt Number	Players Name (Block Capitals)	Reg. Number

**Substitutes**

Shirt Number	Players Name (Block Capitals)	Reg. Number

**Result**

H	v	A
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Manager Signature

\_\_\_\_\_

First Aider

\_\_\_\_\_

Away Managers Signature

\_\_\_\_\_

Sportsmanship Marks  
(out of Ten)

Players Attitude: \_\_\_\_\_

Club Officials Attitude: \_\_\_\_\_

Supports Attitude: \_\_\_\_\_

Total: \_\_\_\_\_

Form completed by: _____	Club: _____
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Referee's Signature: .....

Return Completed forms to Mr.Dave Broderick 9,Mayville Ave LLay LL12 0PW within three working days