

## NORTH WEST COUNTIES Juniors ARL



HOME TEAM AWAY TEAM

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1	
2	
3	
4	
5	
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7	
8	
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10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

## **NO CARDS NO PLAY**

Please list Home and Away Teams in the boxes provided. Include full names of all players participating not just initials

DATE			AGE				
SCORE			Grou	ıp			
Referee:			Si	gnature:			
PRE-MATCH CHECKLIST	CARDS	POST PADS		STUDS	J	IEWELLRY	

Please Rate how child focussed the experience was 1 Low 10 High

	Rules	Coaching	Touchline	Facilities	Overall
			behaviour	post match	
				arrangements	
Home					
Away					

Serious injuries sustained during play		

HOME TEAM		
Touchline		
Manager		
Coach		
Name		
Coach ID		
Number		
Signature		

AWAY TEAM			
Touchline			
Manager			
Coach			
Name			
Coach ID			
Number			
Signature			

Team sheets are the responsibility of the home team and must be emailed complete to <a href="mailto:nwc.yj.teamsheets@gmail.com">nwc.yj.teamsheets@gmail.com</a>.

Please check guidance notes for team administrators on <a href="https://www.nwc-rl.co.uk">www.nwc-rl.co.uk</a>.