**B.A.R.L.A. OPEN AGE TEAM SHEET**

West Yorkshire House, 4 New North Parade, Huddersfield, HD1 5JP

Telephone (01484) 510682 Secretary Email: secretary@barla.org.uk

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| AGE | | |  |  | | | | | |  | | |  | | | | **YORKSHIRE CUP** | | | | | | | |  | | | |  | | | **Date:** | |  | | | | | | |
| **Kick Off:** | | |  | | | | **Venue** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Home:**  To be completed by the Club Secretary. | | |  | | | | | | | | | | | | | | | |  | | | | | **Away:** | | | |  | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | First Aid | | | | |  | | | | | | | | | | | | | | | | |
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| Match Official to send in separate reports for Sending Off/Brawl to BARLA Secretary To be completed by the Referee  **Email : secretary@barla.org.uk** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HOME** | | | | | **T** | | | | **G** | | | | | | **DG** | | | **PTS** | | | | **AWAY** | | | | | | **T** | | | | | **G** | | | **DG** | | | **PTS** | |
| **Sin Bin/ Dismissal** | | **Player**  **Number** | | | | | | **Team**  **(H/A)** | | | | | | **Offence** | | | | | | | | **Sin Bin/ Dismissal** | | | | **Player**  **Number** | | | | | **Team**  **(H/A)** | | | | **Offence** | | | | | |
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| **Serious injuries sustained during play** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Team | H/A | | | | | Player | | | | |  | | | | | | | | | Injury | | |  | | | | | | | | | | | | | | | | | |
| Team | H/A | | | | | Player | | | | |  | | | | | | | | | Injury | | |  | | | | | | | | | | | | | | | | | |
| Team | H/A | | | | | Player | | | | |  | | | | | | | | | Injury | | |  | | | | | | | | | | | | | | | | | |
| Was the pitch roped off? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | | | |
| Did the Referee Liaison Officer make himself known to you prior to kick-off? | | | | | | | | | | | | | | | | | | | | | | | | | | | Home | | | | Yes/No | | | | Away | | Yes/No | | | |
| Did the person responsible for first aid make himself known to you prior to kick-off? | | | | | | | | | | | | | | | | | | | | | | | | | | | Home | | | | Yes/No | | | | Away | | Yes/No | | | |

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| **HOME TEAM** | | **AWAY TEAM** | | **REFEREE** | |
| **Secretary** |  | **Secretary** |  | Name |  |
| **Signature** |  | **Signature** |  | **Signature** |  |

**PLEASE TEXT RESULTS TO 07754874250 Immediately following the game**

This document, duly completed and signed by all parties must be returned **by the HOME Club** to BARLA

by e-mail to secretary@barla.org.uk within 72 hours of the game having been concluded