Boys Schools Somerset County Competition Team Sheets

SCHOOL *(Name as it should appear in tournament information)*		AGE GROUP		TIER	

Shirt^	Player's Name ~ (Forename & Surname)	D.o.B.

^ Please list in number order - lowest first.
Please ensure this is the number to be worn at the event. ~ Please indicate captain (C) and goalkeepers (GK).

Manager:		Coach:	
Captain:		Medical:	

	Team Colours	Alternative Colours
Shirts:		
Skirts/Skorts:		
Socks:		

In signing I agree to comply with the current Regulations of the Boys Schools Championships.

Signed:		Position:		Date:	