***MARK AND COPY THE HEADING AND APPROPRIATE TABLE ROWS OF THE SP TEAM SHEET. PASTE OVER THIS SENTENCE.***

**CIRCLE ONE:** AHJSA COPY TEAM

Please identify any players injured: ……………………………………………………………………………………………………

|  |  |  |  |
| --- | --- | --- | --- |
| **Official** | **Surname** | **First Name** | **Signature** |
| Match Leader (Referee) |  |  |  |
| Coach/Team Manager |  |  |  |

Team manager, please mail completed AHJSA copy to the AHJSA Registrar PO Box 319 Littlehampton SA 5250 by the following Tuesday.