# Goalball UK Team Sheet

**Date:**

**Venue:**

**Region:**

**Team Name:**

### Please note this document is restricted to the fields required to complete the form.

### Please also be aware that all names as they are spelt in this form will be cross checked with Goalball UK Membership, so please ensure they are entered correctly.

# Player 1

First Name:

Last Name:

Player Shirt Number:

Gender:

Player Rating:

# Player 2

First Name:

Last Name:

Player Shirt Number:

Gender:

Player Rating:

# Player 3

First Name:

Last Name:

Player Shirt Number:

Gender:

Player Rating:

# Player 4

First Name:

Last Name:

Player Shirt Number:

Gender:

Player Rating:

# Player 5

First Name:

Last Name:

Player Shirt Number:

Gender:

Player Rating:

# Player 6

First Name:

Last Name:

Player Shirt Number:

Gender:

Player Rating:

# Staff

First Name:

Last Name:

Role:

# Staff

First Name:

Last Name:

Role:

# Staff

First Name:

Last Name:

Role:

### Coach Name:

### Signature: