Fax to: (07) 854 7263

Waikato Secondary Schools' Football Association
Official Team Card Score Card

Date: _____

Shirt	Name	Started	Cards

Our Team: _____

Opposition: _____

Coach/Manager: _____

Start time: _____

Referee: _____

Score: **US** _____ them _____

Signed: (our team) _____

Signed: (opposition) _____

Card will be used for disputes/auditing - Coach to retain.

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