

# INGLEBURN EAGLES SOCCER CLUB TEAM RETURN SHEET

TEAM: \_\_\_\_\_

MATCH DATE: \_\_\_\_\_

THIS FORM IS TO BE COMPLETED BY THE TEAM MANAGER OR COACH FOR EVERY GAME PLAYED AND SHOULD BE RETURNED WITH THE MONEY BAG TO THE CANTEEN AT THE HOME GROUND ON THE DAY OF THE MATCH. FEES FOR MATCH OFFICIALS SHOULD BE HANDED INTO THE CANTEEN AT THE AWAY GAMES. IF AT HOME HAND YOUR MATCH FEES INTO THE CANTEEN PRIOR TO HALF TIME AND THE CANTEEN MANAGER WILL SIGN YOUR TEAM RETURN SHEET. FOR OPPOSITION TEAMS PLEASE ENSURE THEY PAY THE CANTEEN BY HALF TIME WHERE A RECEIPT WILL BE ISSUED TO THEM.

## INCOME - MATCH FEES

PLAYERS NAME	Just fill in MATCH FEE amount or write AWAY beside the players name.			
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
<b>OFFICIALS FEES</b>		TOTAL TEAM FEES: \$ _____		
REFEREES FEE: \$ _____		MINUS OFFICIALS FEES: \$ _____		
LINESPERSON No 1 FEE: \$ _____				
LINESPERSON No 2 FEE: \$ _____				
TOTAL OFFICIAL FEES: \$ _____		<b>TOTAL MONEY PAID TO CLUB: \$ _____</b>		

## RECEIPT FOR OFFICIAL FEES

PAID TO: PRINT NAME	SIGNATURE	\$

## MATCH INFORMATION

TEAM: \_\_\_\_\_ DATE: \_\_\_\_\_

OPPONENTS: \_\_\_\_\_ VENUE: HOME / AWAY

FINAL SCORE: INGLEBURN \_\_\_\_\_ OPPONENTS: \_\_\_\_\_

SCORERS: \_\_\_\_\_

RED CARD - NAME	REGO #	YELLOW CARD - NAME	REGO #

INJURED PLAYERS NAME	REGO #	NATURE OF INJURY