



# MALTA FOOTBALL ASSOCIATION

## Official Match Sheet

**Date:**

**Team:**

*Distribute to Match Officials or Venue Director sixty (60) minutes prior to kick-off time*

No.	Surname	First Name	MFA ID	Date of Birth		
				DD	MM	YY

### SUBSTITUTES


### TECHNICAL STAFF

Surname	First Name	ID	Function
			Coach
			Asst. Coach
			GK Coach
			Club Doctor
			Physiotherapist / Masseur
			Physical Trainer
			Kit Manager
			Team Manager
			Club Official
			Stretcher Bearer

<b>Club Official</b> Signature		<b>Captain</b> Number		Signature
-----------------------------------	--	--------------------------	--	-----------