**STADIUM SCORING TEAM INFORMATION**

***MANAGERS PLEASE BRING THIS SHEET COMPLETED TO GAME EACH WEEK***

**AGE GROUP: TEAM NAME:**

|  |  |  |  |  |  |  |
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| **FIRST NAME** | **LAST NAME** | **#** | **DOB** | **SUBURB** | **POST CODE** | **PAID****(office use)** |
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|  | **COACH:** | **CAPTAIN:** |
|  | **ASSISTANT COACH:** | **MANAGER:** |
|  | **SCORER 1:** | **SCORER 2:** |