



BERMUDA FOOTBALL ASSOCIATION

P O Box HM 745

Hamilton HM CX

Tel: 441-295-2199 Fax: 441-295-0773 E-Mail: bfa@northrock.bm

U10

Club Team _____ Opponents _____

Head Coach _____ Assistant Coach _____

Medic _____ Team Manager _____

First Name	Surname	DOB
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

First Period	Second Period	Third Period
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Competitive game **YES** **NO**

One sided game **YES** **NO**



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