**WORCESTER STUDENTS’ UNION**

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| **Sport:**  | **Date:**  |
| **League/Cup Name:**  | **Start Time:**  |
| **Venue Name and Address:****Method of Travel:**  | **Emergency Contact** **Name –** **Role within club –** **Contact number –**  |
| **Medical Bag Taken: Yes** | **SU Staff Signature:** |

**BUCS Pre-Event Team Sheet**

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| **Please list the names of all those attending this fixture below. Mark non-playing members with a \*** |
|  **Home Team :**  | **Verified** |  **Away Team :**  | **Verified** |
| 1  |  | 1  |  |
| 2  |  | 2  |  |
| 3  |  | 3  |  |
| 4  |  | 4  |  |
| 5  |  | 5  |  |
| 6  |  | 6  |  |
| 7  |  | 7  |  |
| 8  |  | 8  |  |
| 9  |  | 9  |  |
| 10  |  | 10  |  |
| 11  |  | 11  |  |
| 12  |  | 12  |  |
| 13  |  | 13  |  |
| 14  |  | 14  |  |
| 15  |  | 15  |  |
| 16  |  | 16  |  |
| 17  |  | 17  |  |
| 18  |  | 18  |  |
| 19  |  | 19  |  |
| 20  |  | 20  |  |
| 21  |  | 21  |  |
| 22  |  | 22  |  |
| 23  |  | 23  |  |
| 24  |  | 24  |  |
| 25  |  | 25  |  |
| *Captain Name:*  | *Captain Name:*  |
| *Signature:* | *Signature:* |
| *Time:* | *Time:* |
| **Result:**  (H) Vs (A) **Official in Charge (sign):**  | **Playing Under Protest?** Yes / NoNotes: |

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**Retain for your records:** *Any players with medical exemptions must be marked as M.E., verified Medical Exemption form, validated by SU to accompany team sheet. Circle the names of any players that require further verification, i.e. did not have ID, not verified by SU, considered to be a higher tiered team player without medical exemption, note the nature of the query and present to your SU for processing.*

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| **Please list any other people travelling on the coach that did not fit onto the previous page**  |
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