****

**Returned via email to** **bradley.kelk@rfl.co.uk****: Day Before Event.**

**Regional Team Name:**

Please provide mobile phone numbers for the following club personnel who will be in attendance on Match Day:

|  |  |  |
| --- | --- | --- |
| **ROLE** | **NAME** | **MOBILE NUMBER** |
| Head Coach |  |  |
| Team Manager (can be same as head coach) |  |  |
| First Aider (Must be provided by each club) |  |  |

**ESSENTIAL STAFF DETAILS**

**MATCHDAY SQUAD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name:** | **Position:** | **Please state registration with X-League Club or an Amateur Community Club?**  | **Any Medical Conditions****(State Yes detailing condition or No, do not leave blank)** |
| 1 |  | PLAYER |  |  |
| 2 |  | PLAYER |  |  |
| 3 |  | PLAYER |  |  |
| 4 |  | PLAYER |  |  |
| 5 |  | PLAYER |  |  |
| 6 |  | PLAYER |  |  |
| 7 |  | PLAYER |  |  |
| 8 |  | PLAYER |  |  |
| 9 |  | PLAYER |  |  |
| 10 |  | PLAYER |  |  |
| 11 |  | PLAYER |  |  |
| 12 |  | PLAYER |  |  |
| 13 |  | PLAYER |  |  |
| 14 |  | PLAYER |  |  |
| 15 |  | PLAYER |  |  |
|  | Team Manager Signature |  |  |

**Signed Name:**

**Signed Date:**