

Glenelg Under 18	vs	North Adelaide Under 18	5cd302
TEAM A		TEAM B	GAME CODE
2024	SANFL Under 18	ACXD5 / ACKP5	10 Aug 2024
SEASON	GRADE	GROUND	DATE
			11:00 am
			TIME
			17
			ROUND

TEAM A: Glenelg Under 18										
	NO.	PLAYERS	DOB	PLAYER SIGNATURES	PP	GOALS	BEHINDS	BEST	YEL. CARD	RED CARD
1	1	Charlie McAuliffe (c)	05/05/2006							
2	3	Jack Wisneske (vc)	18/02/2006							
3	6	Nick Foster	12/07/2007							
4	7	Riley Shepherdson	13/02/2006							
5	8	Lachlan Ryan	18/02/2006							
6	9	Conor Gluyas	27/01/2006							
7	10	Tim Alver	15/06/2007							
8	11	Luke Beckham	01/02/2006							
9	12	Archer Rouvray (c)	15/04/2006							
10	13	Reuben Brookes	03/03/2007							
11	15	Kallan Bevan (vc)	02/07/2006							
12	16	Emerson Forbes	30/07/2007							
13	17	Angus Welsby	12/04/2007							
14	19	Ned McCarthy	23/09/2007							
15	21	Noah Grzyb	06/08/2006							
16	22	Cooper Jones	29/08/2005							
17	23	Max Disbury	01/05/2006							
18	24	Reed Francis-Nia Nia	03/07/2007							
19	25	Brody Embuscado	30/03/2006							
20	27	James Dutton	13/01/2006							
21	35	Harry Plews	15/04/2006							
22	41	Isaiah Clothier	07/11/2007							
23	42	Cooper Dawson	11/03/2006							
24										
25										
26										
27										
28										
29										
30										

<p>COACH: <u>Ben Kane</u></p> <p>ASST. COACH: <u>Jeff Chandler</u></p> <p>ASST. COACH: <u>Jarred Chaplin</u></p> <p>ASST. COACH: <u>Travis Hole</u></p> <p>TEAM MNGR: <u>Andrew Braley</u></p> <p>TIMEKEEPER/INTERCHANGE STEWARD: _____</p> <p>RUNNER: <u>Lachy Atkinson</u></p> <p>RUNNER: <u>Cal Read</u></p> <p>PHYSIO: <u>Logan Stevens / Georgia McLeod / Jonty Manuel</u></p> <p>DOCTOR: _____</p> <p>TRAINER 1: <u>Craig Goodenough</u></p>	<p>TRAINER 2: <u>Shane Worner</u></p> <p>MEDICAL/WATER 1: _____</p> <p>MEDICAL/WATER 2: _____</p> <p>MEDICAL/WATER 3: _____</p> <p>MEDICAL/WATER 4: _____</p> <hr/> <p>FIELD UMPIRE: _____</p> <p>GOAL UMPIRE: _____</p> <p>GOAL UMPIRE: _____</p> <p>BOUNDARY UMPIRE: _____</p> <p>UMPIRE ESCORT: _____</p>
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TEAM A: Glenelg Under 18				TEAM B: North Adelaide Under 18			
	GOALS	BEHINDS	TOTAL		GOALS	BEHINDS	TOTAL
Q1				Q1			
Q2				Q2			
Q3				Q3			
Q4				Q4			
T				T			

<p>INCIDENT 1 [Umpires, Team Managers, Coaches, Leagues Admins only]</p> <p><input type="checkbox"/> OFFENCE/BEHAVIOUR <input type="checkbox"/> INJURY <input type="checkbox"/> VENUE ISSUE <input type="checkbox"/> OTHER</p> <p>_____</p> <p style="text-align: right;">[Notes]</p>	<p>INCIDENT 1 [Umpires, Team Managers, Coaches, Leagues Admins only]</p> <p><input type="checkbox"/> OFFENCE/BEHAVIOUR <input type="checkbox"/> INJURY <input type="checkbox"/> VENUE ISSUE <input type="checkbox"/> OTHER</p> <p>_____</p> <p style="text-align: right;">[Notes]</p>
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TEAM MANAGER SIGNATURE: _____	UMPIRE SIGNATURE: _____
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TEAM B: North Adelaide Under 18										
NO.	PLAYERS	DOB	PLAYER SIGNATURES	PP	GOALS	BEHINDS	BEST	YEL. CARD	RED CARD	
1										
2										
3										
4										
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9										
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<p>COACH: _____</p> <p>ASST. COACH: _____</p> <p>ASST. COACH: _____</p> <p>ASST. COACH: _____</p> <p>TEAM MNGR: _____</p> <p>TIMEKEEPER/INTERCHANGE STEWARD: _____</p> <p>RUNNER: _____</p> <p>RUNNER: _____</p> <p>PHYSIO: _____</p> <p>DOCTOR: _____</p> <p>TRAINER 1: _____</p>	<p>TRAINER 2: _____</p> <p>MEDICAL/WATER 1: _____</p> <p>MEDICAL/WATER 2: _____</p> <p>MEDICAL/WATER 3: _____</p> <p>MEDICAL/WATER 4: _____</p> <hr/> <p>FIELD UMPIRE: _____</p> <p>GOAL UMPIRE: _____</p> <p>GOAL UMPIRE: _____</p> <p>BOUNDARY UMPIRE: _____</p> <p>UMPIRE ESCORT: _____</p>
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TEAM A: Glenelg Under 18				TEAM B: North Adelaide Under 18			
Q1	GOALS	BEHINDS	TOTAL	Q1	GOALS	BEHINDS	TOTAL
Q1				Q1			
Q2				Q2			
Q3				Q3			
Q4				Q4			
T				T			

<p>INCIDENT 1 <small>[Umpires, Team Managers, Coaches, Leagues Admins only]</small></p> <p><input type="checkbox"/> OFFENCE/BEHAVIOUR <input type="checkbox"/> INJURY <input type="checkbox"/> VENUE ISSUE <input type="checkbox"/> OTHER</p> <p>_____</p> <p style="text-align: right;"><small>[Notes]</small></p>	<p>INCIDENT 1 <small>[Umpires, Team Managers, Coaches, Leagues Admins only]</small></p> <p><input type="checkbox"/> OFFENCE/BEHAVIOUR <input type="checkbox"/> INJURY <input type="checkbox"/> VENUE ISSUE <input type="checkbox"/> OTHER</p> <p>_____</p> <p style="text-align: right;"><small>[Notes]</small></p>
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TEAM MANAGER SIGNATURE: _____	UMPIRE SIGNATURE: _____
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