



Scottish Schools' Football Association

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..... Shield Competition

..... Shield Competition

..... v

..... v

Team

Team

	NAME	Year of Birth	Player ID Number
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.

	NAME	Year of Birth	Player ID Number
1.
2.
3.
4.
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6.
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8.
9.
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11.
12.
13.
14.
15.
16.

Date Representative

Date Representative

Result

Result

.....Referee

.....Referee

The winning team must return this section from both teams to
J.C. Watson, S.S.F.A., Hampden Park, Glasgow G42 9AZ

This copy to be given to the Representative of the opposing team
immediately after the game