



International Wheelchair & Amputee Sports Federation (IWAS)

IWAS POWERCHAIR HOCKEY

Sport Section of the IWAS
www.powerchairhockey.org
office@powerchairhockey.org



LINEUP FORM

Please bring this completed line up form to every match. Start with the player with the lowest playing number (P1). The match table needs the form ½ hour before the match starts. This form will also be used for the speaker.

TEAM	
MATCH	

STARTING TEAM:

Name and Surname	Playing number	T-Stick

SUBSTITUTIONS:

Name	Playing number

COACH	
ASS. COACH	
TEAM MANAGER	