**Interchange and Order Off Form**

**Round:** ............. **Date:** ......../.........../..........  **16’s 14’s *Division……..............***

*(Please Circle grade)* **Match:** ............................................................................................. FC vs. .......................................................................................................... FC

**Home Team** *(Tick box)*  **Visiting Team** *(Tick box)*

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| **Time of Change** | **Player**  **Off** | **Player On** | **I/C** | **Yellow**  **Card** | **Red Card** | **Blood Rule** |  | **Time of Change** | **Player**  **Off** | **Player On** | **I/C** | **Yellow**  **Card** | **Red Card** | **Blood Rule** |
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**Interchange Bench at beginning of each quarter**

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| **Start** |  | **¼ Time** |  |  | **Start** |  | **¼ Time** |  |
| **½ Time** |  | **¾ Time** |  |  | **½ Time** |  | **¾ Time** |  |

Steward *(Print name):* ................................................................................. Signature: ..................................................................................................

*Affiliated with the AFL VICTORIA COUNTRY*