



BEDFORDSHIRE FA

County T1 Form (Senior)

(ALL SECTIONS ARE TO BE COMPLETED FULLY IN INK AND IN BLOCK CAPITALS)

Clubs to exchange T1 forms in the presence of the Referee at least **30 mins** before the scheduled kick off in the **Senior Trophy** rounds, **45 mins** before for the **Senior Cup** rounds and in **ALL finals**)

Club Name: _____

Date: _____ Round: _____ Match No: _____

Competition: Senior Cup / Senior Trophy Please circle competition

Fixture: (Home) _____ v _____ (Away)

Colours: Shirts _____ GK Shirt _____

Shorts _____

Socks _____

Referee _____ Mark (out of 100) _____
Any Club marking a Referee below 60 must send in a letter of explanation

Result: HT: Home ___ v ___ Away FT: Home ___ v ___ Away PENS: Home ___ v ___ Away

COMPLETE TEAM DETAILS BELOW IN BLOCK CAPITALS, NAMES AND NUMBERS MUST CORRESPOND TO THE SHIRT NUMBER WORN

PLEASE ENSURE THAT ALL COPIES ARE READABLE

Shirt No.	FORENAME	SURNAME	GOALS

Opposition Own Goals:

Named Substitutes - (3 from 5 named can be used) Tick the box ONLY IF USED

Shirt No.	FORENAME	SURNAME	Tick if Played	GOALS

Top copy: Send completed form to Beds FA by Email (support@bedfordshirefa.com) or Post (Century House, Skimpot Road, LU5 4JU)
Blue copy: To your Opponents Green copy: To the Match Referee Yellow copy: To keep for your own records

Signed _____ (Secretary) _____ (Club)

HOME CLUBS MUST REPLY TO THE SMS FROM FULL-TIME WITHIN 1 HOUR OF THE END OF THE MATCH
IF YOU HAVEN'T RECEIVED THE SMS THEN REPORT THE RESULT TO THE BEDS FA ON 07834 955549
MAKE SURE YOU **TICK THE SUBS** THAT TOOK PART IN THE GAME AND DON'T FORGET THE **REFEREES MARK**