CHESHIRE FA STANDARD WITNESS STATEMENT

**Witness Details**

NAME:

POSITION: E.G REFEREE, PLAYER, CLUB OFFICIAL, SPECTATOR

ADDRESS:

E-MAIL ADDRESS:

CONTACT NUMBER:

DATE OF MATCH:

HOME TEAM:

AWAY TEAM:

Dear Sir or Madam, in this section please describe exactly what you witnessed:

I am/ am not (delete as appropriate) willing to attend a Disciplinary Hearing and it is my understanding that the Club or person accused may attend the hearing.

SIGNED:

DATE STATEMENT WAS DRAFTED: