CtyCupTeamSheet11v11 Youth

DORSET COUNTY CUP

11 v 11 YOUTH TEAM SHEET

To be completed and sent to the Dorset County Football Association Limited within three days of the date of the match

CLUB/TEAM CLUB/TEAM			
Competition Sat/Sun/Age:		Cup	Round
RESULT:		Referees Name	
Date:	1 1	Referees Mark:	out of 100
SHIRT No	<u>SURNAME</u> (please print)	<u>FORENAME</u> (please print)	Indicate if Cautioned or Sent Off C/SO
SUBSTITUTES please note: up to 5 can be named and used repeatedly.			
(please r	note: players shirt numbers must	correspond to the numbers a	ssigned to their
		n this sheet)	
<u>Signed</u>			