

DORSET COUNTY CUP

9 v 9 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

Competition Age:

Cup Round_____

RESULT:

Referees Name

Date: / /

Referees Mark: out of 100

<u>SHIRT</u> <u>No</u>	<u>SURNAME</u> <u>(please print)</u>	<u>FORENAME</u> <u>(please print)</u>	<u>Indicate if Cautioned</u> <u>or Sent Off C/SO</u>
SUBSTITUTES Please indicate if used.			

(please note: players shirt numbers must correspond to the numbers assigned to their names on this sheet)

Signed_____

Please return, completed to: colin.chainey@dorsetfa.com

The home team should also report the result of the match at its conclusion on 07908 647050
or using via email: colin.chainey@dorsetfa.com