



"Football for Everyone
Everyone for Football"

COUNTY CUP TEAM SHEET – ADULT COMPETITIONS

Team Sheet for.....FC

Date.....

Competition.....

Kick Off Time.....

				FT	Pen
Home Club				Goals	
Away Club				Goals	
Team Colours	Shirts	Shorts	Socks	Goalkeeper Jersey	

Players Shirt Number **Must** Be Entered On Sheet

Shirt No.	Surname (Block Capitals)	First Name (Block Capitals)	Cauton/ Sent Off C=Cauton SO=Sent Off	Goals Scored

Physio

Names of Technical Area Occupants (if applicable)

Substitutes (3 of 5 nominated may be used, if not used mark with *)			Player Replaced	

Match Official Fees	
Referee	£
Assistant 1	£
Assistant 2	£

	Name	Overall decision making (1 - 40)	Judgement of major decisions (1 - 30)	Overall control (1 - 30)	Signature			
Referee					Arrive	Time	Depart	Time
Assistant 1								
Assistant 2								

(A mark for the referee **must** be submitted)

Name (Please Print).....

Position held in ClubSignature.....

This must be returned **within 4 days** of the match to
Somerset FA, Charles Lewin House, Wirral Business Park, Glastonbury, Somerset BA6 9FR

Please retain a copy and supply as follows: Match Official, Opponents and County FA