

EDFORDSHIRE FA

County T1 Form (Standard)

(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 15 minutes before the scheduled kick off (45 minutes in ALL finals) the Home team £25 towards the match costs.

REMINDER: In the Adult Men's Cups (upto and inc. the QFs) the Away team must pay

Club Name:				
				ch No:
mpetition (Please circle): Interme 3 (Sun) / U16 (Sun) / U14 (Sun)	· · · · · · · · · · · · · · · · · · ·	• •	•	/ Women's Cup
	, , , , , , , , , , , , , , , , , , , ,			(Away)
, ,		GK Shirt		
		Referee	Any Club marking a Referee below	Mark (out of 100) 60 must send in a letter of each
Result: HT: Home	v Away FT:	Homev_Away	PENS: Home	v Away
COMPLETE TEAM DETAILS BELOV	N IN BLOCK CAPITALS, NAM	ES AND NUMBERS MUST COF	RRESPOND TO THE SHIR	T NUMBER WOR
	LEASE ENSURE THA	T ALL COPIES ARE RI	EADABLE	
Shirt FORENAME		SU	RNAME	GOALS
		-		
		_		
		_		
		Орро	sition Own Goa	ıls:
Named Substitutes - (5 fro	om 5 named can be us	sed - Repeat Substituti	ons) Tick the box (ONLY IF USE
Shirt FOREN		SURNA	AE Tio	k if COALS
No.			Pic	ayed GOALS
copy: Send completed form	•	-		
e copy: To your Opponents	Green copy: To the	ie Match Referee Yello	w copy: To keep for	your own recor
Signed	(Se	cretary)		(Club