

TEAM SHEET

Please complete in BLOCK LETTERS in black font or black ink

Your Club:

Date:		Round:		Venue:	
Shirts:		Shorts:		Socks:	
Goal Keepers Shirt:		Shorts:		Socks:	

Team Details		
Shirt No.	Surname	Forename

Nominated Substitutes		
Shirt No	Surname	Forename

Team Officials	Position

Name:		Position:	
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Copies of this Team Sheet must be completed and exchanged with your opponents and Match referee in accordance with the competition rules. Failure to adhere to this rule will result to elimination.

In this competition (Sunday Cup) this must be at least 30 Minutes before the advertised time of kick off in all rounds.

Sheets must be retained by all parties for at least 56 days after the match