

CHESHIRE FA Ladies Cup

Team Sheet (to be completed in BLOCK CAPITALS in black ink)

Your Club:

(H):		(A):	
Rnd:	Date:	Venue:	
COLOURS			
Shirts:	Shorts:	Socks:	
Goalkeeper Shirt:	Shorts:	Socks:	

Shirt No.	Surname	Forename
Shirt No.	Nominated Substitutes	
Team Officials	Position	



COUNTY CUPS

Copies of this team sheet must be completed & exchanged with your opponent & the referee in accordance with competition rules.

In this competition (Ladies 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.

Name:

Position:

