

# CHESHIRE FA Senior Cup

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

Your Club:

<b>(H):</b>		<b>(A):</b>	
<b>Rnd:</b>	<b>Date:</b>	<b>Venue:</b>	
<b>COLOURS</b>			
<b>Shirts:</b>	<b>Shorts:</b>	<b>Socks:</b>	
<b>Goalkeeper Shirt:</b>	<b>Shorts:</b>	<b>Socks:</b>	

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 (Senior 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:

