

CHESHIRE FA Youth 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	D.O.B
Shirt No.	Nominated Substitutes	D.O.B	

Officials	Position

Name:	Position:
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COUNTY CUPS

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

In this competition (Youth Cup) this must be at least 15 minutes before the advertised time of kick off or 30 minutes in the Semi-Finals and Final.

SHEETS MUST BE RETAINED BY ALL PARTIES FOR AT LEAST 56 DAYS AFTER THE MATCH.