TEAM SHEET

**CHESHIRE FA Ladies Cup**

Please complete in BLOCK LETTERS in black font or black ink

**Your Club:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** |  | **Round:**  |  | **Venue:** |
| **Shirts:** |  | **Shorts:** | **Socks:** |
| **Goal Keepers Shirt:** |  | **Shorts:** | **Socks:** |



**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 (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**

**In all rounds including semi-final ties, if the match is drawn after 90 minutes play (as the case may be) the winner shall be determined by the taking of kicks from the penalty mark in accordance with the procedure adopted by The International Football Association Board.**

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| **Team Details** |
| Shirt No. | Surname | Forename |
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| Nominated Substitutes (These are NOT Repeat Substitutions) |
| Shirt No | Surname | Forename |
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| **Team Officials** | **Position** |
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| --- | --- | --- |
| **Name:** |  | **Position:** |



 **CheshireFA.com/cups** @CCFACountyCups

 **Please return this form completed to:** **Ray.Pullen@CheshireFA.com** **within 72 hours of the game being played.**

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