TEAM SHEET

Cheshire County FA Girls' Under 15s Junior Cup

Please complete in BLOCK LETTERS in black font or black ink

|  |  |
| --- | --- |
| **Your Club:**  |  |

|  |  |
| --- | --- |
| **Date of Match:** |  |

|  |  |
| --- | --- |
| **Round:** |  |

|  |  |
| --- | --- |
| **Referee:**  |  |

|  |  |
| --- | --- |
| **Home Club:**  |  |
| **Away Club:** |  |

### TEAM DETAILS

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| --- | --- | --- | --- |
| **Shirt No.** | **Surname** | **First Name** | **Date of Birth** |
| GK |  |  |  |
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| **NOMINATED SUBSTITUTES** |
| **Shirt No.** | **Surname** | **First Name** | **Date of Birth** |
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| **TEAM BENCH OFFICIALS ( Name )** | **POSITION / TITLE** |
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| **Team Colours** |
| Shirts: |  | Shorts: |  | Socks: |  |
| Goalkeeper Shirt: |  | Shorts: |  | Socks: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  |  | **Position at Club:** |  |

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

**In this competition (Girls’ U15s Cup) this must be at least 10 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.**