



DORSET COUNTY CUP

TEAM SHEET



(Male Adult including U18 Youth)

To be completed and sent to the Dorset County Football Association
Limited within three days of the date of the match

CLUB/TEAM

Competition Sat/Sun/Age:

Cup Round _____

RESULT:

Referees Name

Date: / /

Referees Mark: out of 100

<u>SHIRT</u> <u>No</u>	<u>SURNAME</u> <u>(please print)</u>	<u>FORENAME</u> <u>(please print)</u>	<u>Indicate if Cautioned</u> <u>or Sent Off C/SO</u>
SUBSTITUTES please note: up to 5 to can be named, no more than 3 to be used. Please indicate if used. (Roll on Roll off substitutes are not permitted in Adult Male Dorset County Cups)			

(please note: players shirt numbers must correspond to the numbers assigned to their names on this sheet)

Signed _____

Please return, completed to: colin.chaine@dorsetfa.com

The home team should also report the result of the match at its conclusion on 07908 647050
or using via email: colin.chaine@dorsetfa.com