TEAM SHEET

PLEASE COMPLETE IN BLOCK LETTERS

***DISTRIBUTION: Top Copy** - To be handed to opponents prior to kick-off;*
***Second Copy** - To be handed to Referee prior to kick-off; **Bottom Copy** - To be retained.*

TEAM:		DATE OF MATCH:
COMPETITION: COMPETITION: i.e. Essex Saturday Junior Cup, Essex Cassels Under 16s Cup		
ACTUAL KICK-OFF TIME:	ROUND:	MATCH No:

COLOURS						
OUTFIELD	SHIRTS		SHORTS		SOCKS	
GK	SHIRTS		SHORTS		SOCKS	

EXTRA-TIME
If scores are level, extra-time is played in all County Cups, with the exception of the Essex Senior Cup

TEAM DETAILS

SHIRT NO.	SURNAME	FIRSTNAME

NOMINATED SUBSTITUTES

***NB.** In all County Cups, except the Essex Senior Cup and Essex Women's Cup, repeated substitutions are permitted with all five nominated substitutes permitted to be used. Substituted players in turn become substitutes and are permitted to return to the field of play.*

SHIRT NO.	SURNAME	FIRSTNAME

REFEREE DETAILS

Referee Name: .....

Assistant Referees: ..... **&** .....

Signed: ..... **Club:** ..... **FC**