



London FA County Youth Cup Team Sheet

Age Group U_____ Round _____ Tie _____

Home Club: _____ Goals _____

Away Club: _____ Goals _____

Played at: _____

Date and Day Played: _____ Kick-Off Time: _____

	CLUB NAME: _____ under _____ team				
	TEAM IS A MEMBER OF: _____ YOUTH FOOTBALL LEAGUE				
	Actual shirt No.	PLAYERS NAME & INITIALS	PLAYERS SIGNATURE	REGISTRATION No.	DATE OF BIRTH
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
Sub*					
Sub*					
Sub*					
Sub*					
Sub*					

*Indicate the subs used and the player they replaced by placing a circle around their number

*Check opponents team sheet before the match commences tick box once checked

☐

Signed: _____ Club Secretary / Team Manager of _____ FC

_____ PRINT NAME OF PERSON SIGNING AS ABOVE

Please return to CountyCups@LondonFA.com within 3 days of the fixture.