



PREMIER CUP TEAM SHEET



Team Sheet for.....FC

Date..... Actual kick-off time.....

				FT	Pen
Home Club				Goals	
Away Club				Goals	
Team Colours	Shirts	Shorts	Socks	Goalkeeper Jersey	

Players Shirt Number Must Be Entered On Sheet

Shirt No.	Surname (Block Capitals)	First Name (Block Capitals)	Caution/ Sent Off C=Caution SO=Sent Off	Goals Scored

Qualified Physio

NUMBER OF SHIRT TO BE USED IN
EVENT OF BLOOD INJURY

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Names of Technical Area Occupants

Substitutes (3 from 5 nominated may be used, if not used mark with *) **Player Replaced**

Substitutes	Player Replaced

Match Official Fees	
Referee	£
Assistant 1	£
Assistant 2	£

	Name	Overall decision making (1 - 40)	Judgement of major decisions (1 - 30)	Overall control (1 - 30)	Signature			
					Arrive	Time	Depart	Time
Referee								
Assistant 1								
Assistant 2								

(A mark for the referee **must** be submitted)

Name (Please Print).....

Position held in ClubSignature.....

**This must be returned within 4 days of the match to
Somerset FA, Charles Lewin House, Wirral Business Park, Glastonbury, Somerset BA6 9FR**

Please retain a copy and supply as follows: Match Official, Opponents and County FA