

WESTMORLAND COUNTY FOOTBALL ASSOCIATION  
COUNTY CUP TEAM SHEET



Competition .....

Fixture .....

Kick-Off Time: ..... Date .....

Team Name .....

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

Shirt No.	Surname	First Name	Caution-C Sent Off-SO	Goals Scored

Names of coaching staff & Physio's
Please note all people in coaching capacity must be named on the team sheet. <b>Anyone not named on team sheet must remain behind respect barrier</b>

**Team sheets should be completed in full (including Cautions, Send Offs and goalscorers) and posted or e-mailed to Westmorland County Football Association Limited  
35/37 Appleby Road, Kendal, Cumbria, LA9 6ET  
[info@WestmorlandFA.com](mailto:info@WestmorlandFA.com)  
within 3 (three) days (clearly indicating goal scorers and if substitutes were used).**

Nominated Substitutes (in accordance with Cup Rule 17(b))


Referee's Name .....

Assistant Referees ..... Fourth Official .....

Club Representative Signature:.....Referee's Signature.....

**REPORT ON REFEREE**

**Please complete once referee has signed**

Dealing with overall Decision Making, Judgement of Major Decisions, General Control and Player Management.

We award an overall mark out of 100

PLEASE ENSURE THAT ALL SECTIONS ARE FULLY COMPLETED

Once completed please enter the details into FA Fulltime.

Any issues please email [info@westmorlandfa.com](mailto:info@westmorlandfa.com) or [Jim.Bone@westmorlandfa.com](mailto:Jim.Bone@westmorlandfa.com)