TEAM SHEET

**CHESHIRE FA Senior Cup**

**2024-2025**

Please complete in BLOCK LETTERS in black font or black ink

**Your Club:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** |  | **Round:**  | **Final Tie** | **Venue:** |
| **Shirts:** |  | **Shorts:** | **Socks:** |
| **Goal Keepers Shirt:** |  | **Shorts:** | **Socks:** |



**Copies of this Team Sheet must be completed and exchanged with your opponents and Match referee in accordance with the competition rules. Failure to adhere to this rule will result to elimination.**

**In this competition (Senior Cup) this must be at least 30 Minutes before the advertised time of kick off in all rounds.**

**Sheets must be retained by all parties for at least 56 days after the match**

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| **Team Details** |
| Shirt No. | Surname | Forename |
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| Nominated Substitutes |
| Shirt No | Surname | Forename |
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| **Team Officials** | **Position** |
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| **Name:** |  | **Position:** |



 **CheshireFA.com/cups** @CCFACountyCups

 **Please return this form completed to:** **Ray.Pullen@CheshireFA.com** **within 72 hours of the game being played.**

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