 TEAM SHEET

**Wirral District FA Youth U18s Cup**

Please complete in BLOCK LETTERS in black font or black ink

**Your Club:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** |  | **Round:**  |  | **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**

**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**

|  |
| --- |
| **Team Details** |
| Shirt No. | Surname | Forename |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Nominated Substitutes |
| Shirt No | Surname | Forename |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Team Officials** | **Position** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |





|  |  |  |
| --- | --- | --- |
| **Name:** |  | **Position:** |



 **Wirraldistrictfa.org** @wirralfa

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

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