

# Hampshire FA

## County Cup Team Sheet



Team Name: \_\_\_\_\_

<b>Competition</b>	
<b>Home Club</b>	
<b>Away Club</b>	
<b>Referees Name</b>	
<b>Date of Match</b>	
<b>Colours (Shirt/Shorts/Socks)</b>	

No.	STARTING XI (PLEASE STATE FULL NAME)	D.O.B.

No.	SUBSTITUTES (PLEASE STATE FULL NAME)	D.O.B.

	TEAM BENCH OFFICIALS (PLEASE STATE ROLE)

**Club Official Signature**

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- Guidance:
1. All team sheets must be submitted at least 15 minutes before the scheduled kick off time. (45 Minutes for Saturday Senior Cup and Russell Cotes Cup)
  2. Please state full name, including forename and surname, of each individual.
  3. Shirt Numbers must be clearly marked.
  4. Clearly mark your captain with ©.
  5. Please indicate what colour shirt your goalkeeper is to wear.
  6. All Team Bench Officials must be listed on this team sheet.
  7. Submit one copy to Match Officials.
  8. Submit one copy to Opponents.
  9. One copy to be retained.
  10. Please retain your copy for at least 28 days.