

Kindly Note:

The home club must notify the Referee and Visiting Team within six days of the date of the Tie of the route to and situation of ground.

SPECIAL ATTENTION IS DRAWN TO RULES GOVERNING CUP COMPETITIONS

IF SCORE IS LEVEL AT FULL TIME EXTRA TIME AND PENALTIES (IF REQUIRED) MUST BE PLAYED TO ATTAIN A RESULT

Result to be telephoned by the HOME Team within TWO hours of completion of game to 651 1205 / 334 3545

Yours faithfully

K.FMighall. Asst. Hon. Secretary

WIRRAL MINOR / YOUTH CUP (Age Group): _____ ROUND: _____

Dear Sir

I append a complete list of competing players in the above Cup Competition between:

.....FC and.....FC

played at.....on Sunday...

Kick off was stated by the Referee as.....pm

Cause of late start (if applicable.).....

Referee:Points awarded (out of 10).....

HOME TEAM SCORE VISITING TEAM SCORE

.....FCFC.....

Players - Position First Name Surname

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....
- 7.....
- 8.....
- 9.....
- 10.....
- 11.....

Substitute (if played)

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

Signed.....Secretary.....FC

This form to be sent to the Association Assistant Secretary, Mr K.F.Mighall, and **MUST** be received within **THREE** days of the game.

Opponent's Copy of your Team.

Please hand to opponents

20mins before Kick Off

(To be retained by opposition)

Players - Position First Name Surname

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....
- 7.....
- 8.....
- 9.....
- 10.....
- 11.....

Substitute

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

Signed.....Secretary.....FC