

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 F Mighall** Hon. Asst. Secretary

**WIRRAL** .....**CUP COMPETITION - ROUND** \_\_\_\_\_

Dear Sir

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

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

played at.....on Saturday/Sunday...

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

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

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

HOME TEAM                      SCORE                      VISITING TEAM                      SCORE

.....FC .....FC.....

**Players - Position**

**First Name**

**Surname**

- 1.....
  - 2.....
  - 3.....
  - 4.....
  - 5.....
  - 6.....
  - 7.....
  - 8.....
  - 9.....
  - 10.....
  - 11.....
- Substitute (if played)
- 1.....
  - 2.....
  - 3.....

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