



ESSEX SUNDAY CORINTHIAN FOOTBALL LEAGUE

PRE-MATCH TEAM SHEET

COMPLETE AND GIVE TO YOUR OPPONENTS AND THE REFEREE NO LATER THAN 10 MINUTES PRIOR TO KICK-OFF

Your Team			F.C.
Opposition			F.C.
Date of Match	/	/ 20	Competition

Starting XI (use BLOCK capitals)

Shirt No.	First name	Surname

Substitutes (use BLOCK capitals)

Shirt No.	First name	Surname

Your name			I confirm this team sheet as an accurate record of the players taking part in this fixture:
Position in Club		Sign	

Please provide completed copies of this Team Sheet to the following parties, no later than 10 minutes prior to kick-off:

Pink copy - To Opponents	White Copy - To Referee	Blue Copy - Your own Club to retain
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