

## The Scottish Amateur Football Association THE FOSTER'S SCOTTISH AMATEUR CUP



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Round			V			Result		
Venue			Date				K.O	
Team List Association or League								
SHIRT NO.	FULL NAME	PLAYER ID		ADD	RESS			
			4		D. (			
			ecretary					
			No urs		Signature _			
Colours Colo		Colours _						
Assistant Referee's or C	lub Linesman's name and addre	ess						
ssistant Referee's or Club Linesman's name and address								
To be forwarded by the referee immediately after NOTES								
the game to:		(a) Both Secretari	es must confirm tie with oppo	onents no later than Tuesday	before	USEI	NOT USED	

Administration Department Scottish Amateur Football Association

Hampden Park Glasgow, G42 9DB Tel: 0141 620 4550

Email: safa@scottish-football.com

- the date of the tie. Home Club Secretary must also confirm the tie with referee giving details of type of park which must be grass, 3rd or 4th generation synthetic unless agreed by both clubs.
- (b) Referee to send one copy of each team list to the SAFA Office within 3 days of
- (c) Replays and postponed games must be played on the following Saturday.
- (d) Team Lines must be completed in full including Club Linesman's details.

	USED	NOT USED
SUB 12		
SUB 14		
SUB 15		
SUB 16		
SUB 17		

Form created on 28/07/2014 at 8:29

For assistance during office hours contact Stephen McLaughlin on 0141 620 4552 For assistance with referee issues on match days call lain Cowden on 07989 623190 For assistance on match days call Stephen McLaughlin on 07852 633914