**COMPETITIONS RESULT SHEET** **COUNTY CUPS YOUTH (11v11)**

**Age Group: Under\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Round: \_\_\_\_\_\_\_\_\_\_\_\_\_Match Number:\_\_\_\_\_\_\_\_\_**

**Home Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Goals: \_\_\_\_\_\_\_\_Pen Shoot Out Goals:\_\_\_\_\_\_\_\_**

**Away Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Goals: \_\_\_\_\_\_\_\_\_ Pen Shoot Out Goals:\_\_\_\_\_\_\_**

**Date and Day Played: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kick-Off Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | **Actual shirt No.** | **PLAYERS FULL NAME**  | **D.O.B.** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |
| **11** |  |  |  |
| **Sub\*** |  |

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|  |

**Used Y/N** |  |
| **Sub\*** |  |

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**Used Y/N** |  |
| **Sub\*** |  |

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**Used Y/N** |  |
| **Sub\*** |  |

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**Used Y/N** |  |
| **Sub\*** |  |

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**Used Y/N** |  |
| **Referee** **Name:** |  | **Referee****Mark (/100)** |  |

**\*If marking the referee below 50 please provide further via email to address below**

**\*\*Indicate the subs used by marking the relevant box**

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|  |

 **\*\*\*Check opponents team sheet before the match commences - tick box to confirm checked**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club / Team Official of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FC**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PRINT NAME OF PERSON SIGNING AS ABOVE**

Please return to competitions@berks-bucksfa.com within 48 Hours (Sundays excluded) of the fixture.