**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Actual shirt No.** | **PLAYERS FULL NAME** | | **D.O.B.** |
| **1** |  |  | |  |
| **2** |  |  | |  |
| **3** |  |  | |  |
| **4** |  |  | |  |
| **5** |  |  | |  |
| **6** |  |  | |  |
| **7** |  |  | |  |
| **8** |  |  | |  |
| **9** |  |  | |  |
| **10** |  |  | |  |
| **11** |  |  | |  |
| **Sub\*** |  | |  | | --- | |  |   **Used Y/N** | |  |
| **Sub\*** |  | |  | | --- | |  |   **Used Y/N** | |  |
| **Sub\*** |  | |  | | --- | |  |   **Used Y/N** | |  |
| **Sub\*** |  | |  | | --- | |  |   **Used Y/N** | |  |
| **Sub\*** |  | |  | | --- | |  |   **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](mailto:competitions@berks-bucksfa.com) within 48 Hours (Sundays excluded) of the fixture.