



COMPETITIONS RESULT SHEET COUNTY CUPS (9 v 9)

Competition: _____ 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
1		
2		
3		
4		
5		
6		
7		
8		
9		
Sub*		Used Y/N <input type="checkbox"/>
Sub*		Used Y/N <input type="checkbox"/>
Sub*		Used Y/N <input type="checkbox"/>
Sub*		Used Y/N <input type="checkbox"/>
Sub*		Used Y/N <input type="checkbox"/>
Referee Name:		Referee Marks: <input type="checkbox"/>

* Indicate the subs used by marking the relevant box

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

***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



#TogetherWeAreFootball

