**Venue:**

**Rnd:**

**Date:**

**Match Report Form** (to be completed in BLOCK CAPITALS in black ink)

**Your Club:**

**CHESHIRE FA Sunday Cup**

**SCORES:**

**Score at 90 Mins:**

**(H):**

**Score at 90 Mins:**

**(A):**

**Away Team:**

**Home Team:**

**Pens if applicable:**

**TEAM DETAILS:**



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| Shirt No. | Surname | Forename | Goals | Min. Scored |
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|  | | **Own Goals** |  |  |
| Shirt No. | Used Substitutes | | Goals | Min.Scored |
|  |  |  |  |  |
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**Mark: /100**

**Referee:**

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**CheshireFA.com/cups-and-competitions** @CCFACountyCups

**If the mark you have awarded is less than 50, we require you to leave detailed, constructive comments on the next page or a blank sheet if necessary.**

**Position:**

**Name:**

**Please return this form completed to:** [**Ray.Pullen@CheshireFA.com**](mailto:Ray.Pullen@CheshireFA.com) **within 72 hours of the game being played.**