

CHESHIRE FA Sunday Cup

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

Your Club:

Date:	Rnd:	Venue:
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SCORES:	
(H):	Score at Full Time: <input type="text"/>
(A):	Score at Full Time: <input type="text"/>

Pens if applicable:	Home Team:	<input type="text"/>	Away Team:	<input type="text"/>
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COUNTY CUPS

TEAM DETAILS:

Shirt No.	Surname	Forename	Goals	Min. Scored
		Own Goals		

Substitutes						
Shirt No.	Surname	Forename	Goals	Min. Scored	Used	Not Used

Referee Name:

Mark: /100

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.

Name: <input type="text"/>	Position: <input type="text"/>
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