

TEAM SHEET & MATCH REPORT FORM

Return to Competitions Department, The County Office, Springfield Lyons Approach, Springfield, Chelmsford, CM2 5LB within three days.

PLEASE COMPLETE IN BLOCK LETTERS

TEAM DETAILS TO BE COMPLETED PRE-MATCH: Top Copy - Return to Competition Officer within three days, complete with match details and referee assessment. **Second Copy** - To be handed to Referee prior to kick-off. Referee to complete match details and return to Competition Officer. **Bottom Copy** - To be handed to Opponents prior to kick-off.

TEAM:	AM:								
COMPETITION: i.e. Essex Saturday Junior Cup, Essex Cassells Under 16s Cup									
ACTUAL KICK-OFF TIME:	ROUND:	MATCH No:							
Home Team Goals	Away Team	Goals	Co	olours					
	•	s							
Score at Half Time Score at Full Time	Extra Time Played (Plea NB. No Extra Time to be played in	se delete) Yes/No n Essex Senior Cup	Shorts						
If relevant, details of kicks from penalty mark Home t	·	Socks							
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TEAM DETAILS

Shirt No.	Sι	Surname														F	Firstname											Goals	N	Minute(s) Scored							
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NOMINATED SUBSTITUTES

NB. In all competitions, except the Essex Senior Cup, Essex Saturday Premier Cup and Essex Women's Cup, repeated substitutions are permitted with all five nominated substitutes permitted to be used. Substituted players in turn become substitutes and are permitted to return to the field of play.

Shirt No.	Surname								Firstna	me			Used ?√	∕Y or N	Goals	Min(s) Scored			
																Yes	No		
																Yes	No		
																Yes	No		
																Yes	No		
																Yes	No		

This copy to be retained by opposition for Club records.

Club's top copy Match Report Form to be returned to Competitions Department within three days of match.