

**MATCH REPORT FORM**

This form must be completed & returned to the Competitions@KentFA.com within 48 hours of the match.

The ‘HOME’ club must telephone or email Competitions@KentFA.com the result of the match within 2 hours.

**PLEASE COMPLETE IN BLOCK LETTERS**

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| **Club** |  |
| **Competition** |  | **Round** |  |
| **Home Team** |  | **Away Team** |  |
| **Match Date** |  | **Score** |  |
|  |
| **Match Referee** |  | *Decision Making (Max 40)* |  |
|  | *Judgement of Major Decisions (Max 30)* |  |
|  | *Overall Control (Max 30)* |  |
|  | ***TOTAL MARK AWARDED*** |  |
| *A mark of 60, or below, must be accompanied with written explanation below:* |
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| **Shirt Number** | **Player Name** |
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| **Shirt Number** | **Nominated Substitutes (tick if used)** |
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| **Name**  |  | **Position in Club** |  |
| **Signed** |  |  |  |