

**MATCH REPORT FORM**

This form must be completed & returned to the [Competitions@KentFA.com](mailto:Competitions@KentFA.com) within 48 hours of the match.

The ‘HOME’ club must telephone or email [Competitions@KentFA.com](mailto: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** |  |  | | |  | | | |