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**CHESHIRE FA Ladies Cup**

Please complete in BLOCK LETTERS in black font or black ink

**Your Club:**



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | **Round:** |  | **Venue:** | | **Penalties**  **(If Result)** |
| **Home Team:** |  | | | **Full Time Score** |  |  |
| **Away Team:** |  | | | **Full Time Score** |  |  |

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| --- | --- | --- | --- | --- | --- |
| **Team Details** | | | | | |
| Shirt No. | | Surname | | Forename | | Goals | Min Scored |
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|  | |  | | Own Goals | |  |  |
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| Substitutes | | | | | | | |
| Shirt No | Surname | | Forename | | Goals | Used | Not Used |
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| **Referee Name:** | **Marks: /100** |

### If the marks you have awarded are less than 50, we require detailed, constructive comments in the section below.

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|  |  |
| --- | --- |
| **Signed:** |  |
| **Position:** |  | **Club:** |

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**CheshireFA.com/cups** @CCFACountyCups

**This form must be completed and returned to** [**kevin.mighall2@cheshirefa.com**](mailto:kevin.mighall2@cheshirefa.com) **within 72 hours of the game being played.**

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

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