MATCH REPORT FORM

**YOUTH GIRLS U17/18 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 | Reg JPL Player | Goals | Minute Scored |
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| Own Goals |  |  |  |
| Nominated Substitutes (These are NOT Repeat Substitutions) |  |  |  |
| Shirt No | Surname | Forename | Reg JPL Player | Goals | Used Y / N |
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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.**





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



**Please return this completed form to kevin.mighall2@cheshirefa.com** **within 72 hours of the game being played.**

 **CheshireFA.com/cups** @CCFACountyCups

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

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