## CORNWALL COUNTY FA CUP COMPETITIONS 2020-2021 MATCH REPORT FORM & LIST OF PLAYERS



CLUB/TEAM:  COMPETITION:  OPPOSITION:		Home:  or Away (please tick)  MATCH DATE:				
					RESULT: HOME	AWAY
		(please record result for	or full time, extra time and penaltic	es as applicable)		
I declare the score and	d team named are correct. I under	stand disciplinary action may be taken i	f this information is incorrect. Please			
put X in the box to confirm this						
NAME: CLUB POSITION:						
Shirt No.	First Name	Last Name	Goals scored			
Sub Shirt No			USED YES/NO			
Sub Shirt No			USED YES/NO			
Sub Shirt No			USED YES/NO			
Sub Shirt No			USED YES/NO			
Shirt Sub No			USED YES/NO			
SIGNED BY REFER	EE:	PRINT NAME:				

SUBSTITUTES: A maximum of 5 to be named to the Referee before the game (3 for Senior Cup and Charity Cup). Please see your County Cup Rules for who can play. Please note that you are required to indicate whether substitutes played in the match or not.

IMPORTANT: Completed forms to be <u>returned within 3 DAYS (Sundays excluded)</u> of the date above. Clubs failing to comply <u>will be liable to a fine as per Competitions Rules</u>. Please return this form by email to <u>corinne.winkworth@cornwallfa.com</u> or post to: Cornwall County Football Association Limited, Kernow House, 15 Callywith Gate, Launceston Road, Bodmin, PL31 2RQ

## **CLUB MARKING OF REFEREE**

NAME OF REFEREE:			
COMPETITION:	DA	TE:	FOOTBALL ASSOCIATION 1889
FIXTURE:	v _	v	
Both teams are required to award	the referee a mark out of 100 i	n all matche	s which this season is split to take
into account 3 factors;			
mark consideration should be given to	such aspects of the referee's perf g of major incidents. Please see the	formance as: ii	is and overall control. When deciding on a mpartiality, confidence, fitness, positioning, eferee Marks for full detail of the marking
Overall decision making (1-40)	Judgment of major decisions (1-	-30)	Overall Control(I-30)
When awarding a total mark of 60 or lereferee improve future performances. P			low with comments which could help the
Name & Signature:	Dat	e:	
Club:	Clul	b Position:	
Res	dect	CLUB MARK	RESPECT ING
All our County Cups are RESPECT (I = Very Poor, 5 = Excellent):	competitions. Clubs are requi	red to rate	the following behaviour
Were Respect barriers/areas used during this match?		Yes No	
Did the Respect handshake take place?	0,	Yes No	
Behaviour of players from opposition?		1 ° 2 ° 3	O 4 O 5
Behaviour of supporters from opposition	n? O ,	$_{1} \bigcirc _{2} \bigcirc _{3}$	O 4 O 5
Behaviour of coach/manager from oppos	sition?	$1 \bigcirc 2 \bigcirc 3$	O 4 O 5
Overall behaviour at this match (both te	eams)?	$_{1} \bigcirc _{2} \bigcirc _{3}$	O 4 O 5

## Our County Cups are proudly sponsored by;





Your team's overall enjoyment of this match?





 $\bigcirc$   $_{1}$   $\bigcirc$   $_{2}$   $\bigcirc$   $_{3}$   $\bigcirc$   $_{4}$   $\bigcirc$   $_{5}$ 





THE HOME OF WOOD **Sunday Cup** Womens Cup **Boys Development Cups Girls Development Cups Senior Cup Junior Cup**