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| **TO BE SUBMITTED TO DERBYSHIRE COUNTY FA WITHIN 3 DAYS OF THE TIE BEING PLAYED** |

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| **MATCH RESULT SHEET** |
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|  |
| PLEASE COMPLETE IN BLOCK CAPITAL LETTERS |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |
| **DATE** | **COMPETITION** | **ROUND** |
| **HOME TEAM** |
| **AWAY TEAM** |
|  |
| HOME TEAM (FIRST NAME / LAST NAME) | GOALS | AWAY TEAM (FIRST NAME / LAST NAME) | GOALS |
| **1** |   |   | **1** |   |   |
| **2** |   |   | **2** |   |   |
| **3** |   |   | **3** |   |   |
| **4** |   |   | **4** |   |   |
| **5** |   |   | **5** |   |   |
| **6** |   |   | **6** |   |   |
| **7** |   |   | **7** |   |   |
| **8** |   |   | **8** |   |   |
| **9** |   |   | **9** |   |   |
| **10** |   |   | **10** |   |   |
| **11** |   |   | **11** |   |   |
| SUBSTITUTES |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |
| **ONLY USED SUBSTITUTES TO BE NAMED ON THIS MATCH RESULT SHEET ALL SUBSTITUTES TO BE NAMED ON A TEAM SHEET HANDED TO REFEREE PRIOR TO THE GAME** |
|
|  |  |  |  |  |  |  |  |
| SCORE | HOME | AWAY |  | REFEREE ASSESSMENT |
| HALF TIME |   |   |  | REFEREE |   |
| FULL TIME |   |   |  | HOME MARK | / 100 |
| A.E.T. (IF APPLICABLE) |   |   |  | AWAY MARK | / 100 |
| PENALTIES (IF APPLICABLE) |   |   |  | Attendance |   |
|  |  |  |  |  |  |  |  |
| **WINNING TEAM** |   |
|
|  |  |  |  |  |  |  |  |
| SIGNED |   | SIGNED |   |
| CLUB |   | CLUB |   |
|  |  |  |  |  |  |  |  |
| THIS FORM IS TO BE COMPLETED IN FULL AND SENT TO: DERBYSHIRE COUNTY FOOTBALL ASSOCIATION LIMITED UNITS 8 & 9, STADIUM BUSINESS COURT, MILLENIUM WAY, PRIDE PARK, DERBY, DE24 8HP FAILURE TO COMPLETE THIS FORM IN FULL OR WITHIN THE TIMEFRAME WILL INCUR A FINE |
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