

Match No: ..... Date: .....

# DEVON COUNTY F.A.

## Result Card

To be received **FULLY COMPLETED** within **FOUR DAYS**

Competition: .....

Round: ..... Played: ..... 20.....

HOME TEAMS NAME      AWAY TEAMS NAME

SCORE

SCORE

FIRST NAME (Block Capitals)

SURNAME (Block Capitals)

1	.....	.....
2	.....	.....
3	.....	.....
4	.....	.....
5	.....	.....
6	.....	.....
7	.....	.....
8	.....	.....
9	.....	.....
10	.....	.....
11	.....	.....
12	YES/NO	.....
13	YES/NO	.....
14	YES/NO	.....
15	YES/NO	.....
16	YES/NO	.....

Please tick the yes box if substitute played

Referee Name: ..... Mark: ..... Out of 100

Signed: ..... Club: .....

Club Secretary