

## TEAM SHEET & MATCH REPORT FORM

PLEASE COMPLETE IN BLOCK LETTERS

Return to by post to Competitions Department, The County Office, Springfield Lyons Approach, Springfield, Chelmsford, CM2 5LB or by email to competitions@essexfa.com within three days.

**TEAM DETAILS TO BE COMPLETED PRE-MATCH: Top Copy** - Return to Competition Officer within three days, complete with match details and referee assessment. **Second Copy** - To be handed to Referee prior to kick-off. Referee to complete match details and return to Competition Officer. **Bottom Copy** - To be handed to Opponents prior to kick-off.

	EAM:														DATE OF MATCH:																					
COMPETIT	ION	i.e. E	ssex S	aturday	Junic	or Cup,	, Esse	эх Са	issels	s Und	der 16	Ss Cup	)																							
														ROUND:							MATCH No:															
Score at	Home Team Goals Away  Score at Half Time Score at Full Time Extra  NB. N  If relevant, details of kicks from penalty mark Home team														tra Time Played (Pleas 3. No Extra Time to be played in					ise delete) Yes No n Essex Senior Cup							Shirt Short Socks GK		S							
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