**KENT FA MATCH REPORT FORM**

This form must be completed & returned to the Competitions Administrator within three days of the match. PLEASE COMPLETE IN BLOCK LETTERS (Please write in ink) The ‘HOME’ club must telephone or email the result within 2 hours of the match (number on the footer below)

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| --- | --- | --- | --- | --- | --- | --- |
| **Club Name** |  | | | | | |
| **Played At** | |  | | **Match Date** | |  |
| **Competition Name** | |  | | **Comp Round** | |  |
| **Match** | |  | **vs.** |  | | |
| **Goals** | |  | **Goals** |  | | |
| **Referee** | |  | | **Official Mark** | |  |
| **A Mark of 60 (Sixty) or less must be accompanied by a written explanation.** | | | | | | |
| **Shirt No.** | **Player Name** | | | | | |
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|  | **Nominated Substitutes** | | | **Replaced** | | |
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| **Signed** |  | | | **Secretary** |  | |