

SHEFFIELD AND HALLAMSHIRE COUNTY F.A. COUNTY CUP

Team Sheet / Match Report Form



This form is to be used by BOTH CLUBS on match day and is to be handed to the referee and opposition.

Home Team: _____ FC	HT	[]	[]	Goals Scored
Away Team: _____ FC	FT	[]	[]	
Date of Match: _____		Venue: _____		
Competition: _____	Round: _____	Kick Off Time: _____		
Shirt Colour: _____	Shorts: _____	Socks: _____	Goalkeeper: _____	
<i>Any explanation of a late start MUST accompany the report or will not be considered</i>				

NOTE: Please complete in BLOCK LETTERS

No	Surname	Forenames	DOB	Caution/Sent Off	Goals Scored

Names of Technical Area Occupants

Nominated Substitutes (5 from 5 as per competition rules)

	Surname	Forenames	Goals	DOB	Time

Assessment of Referee

Referee: _____ **We award an overall mark out of 100**

Signed: _____ **Name:** _____

Secretary of: _____ **FC**

A mark of 50 or less must be accompanied by a full statement giving reasons for the low mark.
Emphasis should not be given to isolated incidents.