

SHEET DISTRIBUTION

1 x The FA

1 x Retained

MATCH REPORT FORM



PLEASE COMPLETE IN BLOCK LETTERS
(Please write in ink)

TEAM:		
COMPETITION: delete as necessary	THE FA COUNTY YOUTH CUP	THE FA INTER-LEAGUE CUP
DATE OF MATCH:	ROUND:	MATCH No:

Home Team	Result:	Home Team	
Away Team		Away Team	
Score at Half Time	Score at 90 Minutes	Extra-Time Played	
If relevant, give details of kicks from the penalty mark:			
	Home Team kicks scored	Away Team kicks scored	
Confirmed Attendance (including complimentary tickets)			
Signed		Director/Football Secretary	

TEAM DETAILS

NOTE: PLEASE COMPLETE IN BLOCK LETTERS
*Date of birth - mandatory

Shirt No.	Surname	First Name	D.O.B.*	Goals	Minute Scored
GK					

NOMINATED SUBSTITUTES

Shirt No.	Surname	First Name	D.O.B.*	Goals	Minute Scored

Surname					
			was substitute for		minute
			was substitute for		minute
			was substitute for		minute