SHEET DISTRIBUTION

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MATCH REPORT FORM

PLEASE COMPLETE IN BLOCK LETTERS (Please write in ink)



TEAM:				
COMPETITION:	THE FA	COUNTY YOUTH CUP	THE FA	INTER-LEAGUE CUP
DATE OF MATCH:		ROUND:		MATCH No:
Home Team			Resu	alt: 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 penalt	y mark:		
		Home Team kicks scored		Away Team kicks scored
Confirmed Attendance (including co	mplimenta	ry 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

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NOMINATED SUBSTITUTES

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Shirt No.	. Surname								First Name									D.().B.	÷			Goals	Minute Scored				
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