1 x The FA 1 x Retained

MATCH REPORT FORM

PLEASE COMPLETE IN BLOCK LETTERS (Please write in ink)



minute

minute

TEAM: THE FA INTER-LEAGUE CUP **COMPETITION:** THE FA COUNTY YOUTH CUP DATE OF MATCH: ROUND: MATCH No: **Result:** Home Team Away Team Score at 90 Minutes Score at Half Time 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 Surname D.O.B.* First Name 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

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