SHEET DISTRIBUTION

1 x The FA

1 x Retained

MATCH REPORT FORM

PLEASE COMPLETE IN CAPITAL LETTERS



FA SUNDAY CUP

TEAM: DATE OF MATCH: ROUND: MATCH No:																																		
DATE C	OF N	MΑ	TC	H:									RC	NU	ID:													MATCH No:						
	way Team Away																ne Team																	
Score a	ıt Ho	alf 1	Γim	e								Sc	ore	at	90	Mir	nute	es										Ext	extra-Time Played					
If relevant, give details of kicks from the penalty mark: Home Team kicks scored Away Team kicks scored																																		
Confirm	Confirmed Attendance (including complimentary tickets) Signed Director/Football Secretary																																	
Signed													Dir	ect	or/	Foc	otbo	all S	Sec	ret	ary													
TEAM DETAILS PLEASE COMPLETE IN CAPITAL LETTERS																																		
Shirt No.	Surname First Name														_		God	als	Minute Scored															
GK																																		
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NOMINATED SUBSTITUTES																																		
Shirt No.		urno	ıma										N C	IVI	IIN		rst N			Д	<u> </u>		U		<u> </u>						Т	God	nlo.	Minute Scored
STILL NO.	30		11116	,													1501	lan	16	Τ	Т											900	215	Will late Scored
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