

Fixture _____ v _____

Date of Game _____ League/Cup (please delete which NOT)

| | HOME TEAM | | AWAY TEAM | |
|----|-----------|----------|-----------|----------|
| | Surname | Forename | Surname | Forename |
| 1 | | | | |
| 2 | | | | |
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| 17 | | | | |
| 18 | | | | |

Home Coach/Manager Signature _____

Away Coach/Manager Signature _____

Result _____ v _____

Referee's Name _____ Signature _____

THIS FORM TO BE COMPLETED BY BOTH MANAGERS/COACHES AND THE MATCH REFEREE AND THEN SENT, BY THE HOME TEAM, TO - The age group Rep/Results Officer - see web site for details.