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**U18s YOUTH CUP**

**2024-2025**

Please complete in BLOCK LETTERS in black font or black ink

Season 2024 – 2025 all Match Official Fees are shared between both clubs.

All rounds (Excluding Final) Referees fee £50 (including Travel)

Assistant Referee fee £37 (including Travel)

**Your Club:**

Graphical user interface, application

Description automatically generated

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | **Round:** |  | **Venue:** | | **Penalties**  **(If Result)** |
| **Home Team:** |  | | | **Full Time Score** |  |  |
| **Away Team:** |  | | | **Full Time Score** |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Team Details** | | | | |  |  |  |
| Shirt No. | | Surname | | Forename | Reg JPL Player | Goals | Minute Scored |
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| Own Goals | | | | |  |  |  |
| Nominated Substitutes | | | | |  |  |  |
| Shirt No | Surname | | Forename | | Reg JPL Player | Goals | Used Y / N |
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| **Referee Name:** | **Marks: /100** |

**If the marks you have awarded are less than 50, we require detailed, constructive comments in the section below.**

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|  |  |
| --- | --- |
| **Signed:** |  |
| **Position:** |  | **Club:** |

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**CheshireFA.com/cups** @CCFACountyCups

**Please return this completed form to kevin.mighall2@cheshirefa.com** **within 72 hours of the game being played.**

**Please return this form completed to:** [**Ray.Pullen@CheshireFA.com**](mailto:Ray.Pullen@CheshireFA.com) **within 72 hours of the game being played.**

**Please return this form completed to:** [**Ray.Pullen@CheshireFA.com**](mailto:Ray.Pullen@CheshireFA.com) **within 72 hours of the game being played.**