

COUNTY CUP MATCH REPORT FORM



COMPETITION					
DATE		ROUND		Match No	

TEAMS & SCORE			Full Time	Penalties
Home				
Away				
Referee's Name			Marks out of 100	
Report by		Secretary of		

TEAM DETAILS						
No	Forename	Surname	Goals	Yellow	Red	Used
GK						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

NOMINATED SUBSTITUTES						
12						
13						
14						
15						
16						

	Own Goal
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Please return within 3
working days of the match