

WIRRAL DISTRICT FA
MATCH REPORT FORM
PLEASE COMPLETE IN BLOCK LETTERS
(Please write in ink.)

CLUB NAME _____

Senior / Amateur / Junior / Premier / S-Amateur / S-Junior / CUP COMPETITION
(Circle Competition Please)

Competition Round _____ Date of Match - _____ Venue – _____

HOME CLUB _____ RESULT _____

AWAY CLUB _____ RESULT _____

Score at Half Time _____ Score at Full Time _____

If relevant give details of Penalty Kicks from the Penalty Mark

Home Club Kicks Scored _____ Home Club Kicks _____

Signed _____ Secretary _____

TEAM DETAILS

Please complete in Block letters in Ink

No	Surname	First Name	Substituted For	Goals.	Min Scored
GK1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
	Substitutes (Only if Used)				
12					
14					
15					

THIS FORM MUST BE RETURNED TO THE COMPETITION SECRETARY
K.F. MIGHALL - 6 STORETON CLOSE, OXTON, WIRRAL, MERSEYSIDE CH43 5XB
NO LATER THAN 3 DAYS FROM THE DATE OF THE GAME

PLEASE NOTE FAILURE TO COMPLY WITH THE COMPETITION RULES REGARDING THIS TEAM SHEET MAY FACE EXPULSION FROM THE COMPETITION

OPPONENTS COPY

**WIRRAL DISTRICT FA
TEAM SHEET**

PLEASE COMPLETE IN BLOCK LETTERS
(Please write in ink.)

**THIS TEAM SHEET MUST BE COMPLETED AND HANDED
TO THE OPPONENTS
20MINUTES BEFORE THE SCHEDULED KO**

Senior / Amateur / Junior / Premier / S-Amateur / S-Junior CUP COMPETITION
(Circle Competition Please)

CLUB - _____

No. SURNAME FIRST NAME DATE OF REG

No.	SURNAME	FIRST NAME	DATE OF REG
GK1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

Date of Match

Venue:

Signed _____

Secretary _____