



TEAM SHEET & MATCH REPORT FORM

Return to Competitions Department,
The County Office, Springfield Lyons
Approach, Springfield, Chelmsford,
CM2 5LB **within three days.**

PLEASE COMPLETE IN BLOCK LETTERS

TEAM DETAILS TO BE COMPLETED PRE-MATCH: *Top Copy* - Return to Competition Officer within three days, complete with match details and referee assessment. ***Second Copy*** - To be handed to Referee prior to kick-off. Referee to complete match details and return to Competition Officer. ***Bottom Copy*** - To be handed to Opponents prior to kick-off.

TEAM:		DATE OF MATCH:	
COMPETITION: <small>i.e. Essex Saturday Junior Cup, Essex Cassells Under 16s Cup</small>			
ACTUAL KICK-OFF TIME:	ROUND:	MATCH No:	
Home Team Goals..... Away Team Goals..... Score at Half Time Score at Full Time Extra Time Played (Please delete) Yes/No <small>NB. No Extra Time to be played in Essex Senior Cup</small> If relevant, details of kicks from penalty mark Home team kicks scored Away team kicks scored			Colours Shirt Shorts Socks GK

TEAM DETAILS

Shirt No.	Surname	Firstname	Disciplinary

NOMINATED SUBSTITUTES

NB. In all competitions, except the Essex Senior Cup, Essex Saturday Premier Cup and Essex Women's Cup, repeated substitutions are permitted with all five nominated substitutes permitted to be used. Substituted players in turn become substitutes and are permitted to return to the field of play.

Shirt No.	Surname	Firstname	Used ? ✓ Y or N	Disciplinary
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	

REFEREE MATCH REPORT FORM

REMARKS RELATING TO MATCH	REASON FOR LATE START (IF APPLICABLE)
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Signed Referee.....