TEAM SHEET & MATCH REPORT FORM

PLEASE COMPLETE IN BLOCK LETTERS

Return to by post to Competitions Department, The County Office, Springfield Lyons Approach, Springfield, Chelmsford, CM2 5LB
or by email to competitions@essexfa.com
within three days.

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: i.e. Essex Saturday Junior Cup, Essex Cassels Under 16s Cup		
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
NB. *No Extra Time to be played in Essex Senior Cup*

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	Goals	Minute(s) Scored

TO RETURN TO COMPETITIONS DEPARTMENT

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		Goals	Min(s) Scored
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		

REFEREE ASSESSMENT

The Referee is to be awarded a mark out of 100. Taken into consideration is **General Control**; including confidence, satisfactory dealing with major incidents and **Application of Laws**; including correctness of decisions, clear signals, good positioning, fitness and advantage. A mark of 50 or less must be accompanied by a full statement giving reasons for the low mark.

Referee ..... **Mark** .....(out of 100).

Assistant Referees: ....

Signed ..... **Club** ..... **FC**

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TEAM:		DATE OF MATCH:
COMPETITION: i.e. Essex Saturday Junior Cup, Essex Cassells Under 16s Cup		
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

NB. *No Extra Time to be played in Essex Senior Cup*

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

REFEREE TO RETURN TO COMPETITIONS DEPARTMENT

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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)

Signed ..... **Referee**.....

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TEAM:		DATE OF MATCH:
COMPETITION: i.e. Essex Saturday Junior Cup, Essex Cassells Under 16s Cup		
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

NB. *No Extra Time to be played in Essex Senior Cup*

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	Goals	Minute(s) Scored

OPPONENTS COPY
TO BE
RETAINED

NOMINATED SUBSTITUTES

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Shirt No.	Surname	Firstname	Used ?✓ Y or N		Goals	Min(s) Scored
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		

This copy to be retained by opposition for Club records.

Club's top copy Match Report Form to be returned to Competitions Department within three days of match.