

5-a-side MATCH SHEET

In accordance with League Rule 11(A) the completed match sheet is to be sent or delivered to:
Match Secretary: Lesley Proctor, 24 Hurst Road, Longford, Coventry, CV6 6EJ

DATE		AGE GROUP		DIVISION		
MATCH PLAYED AT						
HOME TEAM				FINAL SCORE	Home	Away
AWAY TEAM						

HOME TEAM Players Names (In Full)		AWAY TEAM Players Names (In Full)
	1	
	2	
	3	
	4	
	5	

SUBSTITUTES - Please put an X in the box between the names & numbers of any substitute that played in the match

	6		
	7		
	8		
	9		
	10		

Trophy Event Scores

Match 1		-	
Match 2		-	
Match 3		-	
Match 4		-	
Match 5		-	
Match 6		-	

IMPORTANT: To be signed by both Team's Officials

(any discrepancies with the following statements should be noted overleaf)

I, the undersigned, as an Authorised Official of my Team, confirm that this match has been played as per league rules and is a true and accurate record of this match:-

Home Official Signature _____ Away Official Signature _____

Referee's Use Only

Was the match confirmed as per League Rules.....**YES / NO**
 Kick-Off Time _____ Reason If Late Kick-off: _____

Comments _____

Referee's Name (please print) _____ B.C.F.A. No. _____ Signature _____