

WORCESTER & DISTRICT NURSING CUPS

Match Report Form

Date: ____/____/____

Sunday Minor / Junior Cup

Round: _____

_____ F.C. Vs _____ F.C.

	HOME TEAM	Goal Scorer		AWAY TEAM	Goal Scorer
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		
	SUBSTITUTES USED			SUBSTITUTES USED	
12			12		
13			13		
14			14		
15			15		
16			16		

REPEAT SUBSTITUTES May be used. Each team can name 5 Substitutes prior to kick-Off. ALL 5 SUBSTITUTES may be used. Once used the replaced player becomes a SUBSTITUTE & may replace another player at anytime subject to the Substitution being carried out correctly.

SIGNED: _____ REFEREE (Print): _____

Official Kick-Off: _____ ACTUAL Kick-Off: _____ Team Late: _____

SIGNED: _____ SIGNED: _____

SECRETARY: _____ F.C. SECRETARY: _____ F.C.

THIS FORM MUST BE FULLY COMPLETED BY BOTH TEAMS & MUST BE RETURNED WITHIN 3 DAYS OF THE MATCH BEING PLAYED TO THE COMPETITON SECRETARY:-

Mr T.W.HUGHES,15 ELY CLOSE,WORCESTER,WR5 1JX.Tele No:01905 768557

REFEREES FEES:-£25:00 + 32p PER MILE TRAVELLING EXPENSES (£10:00 MAX)

ASSISTANT REFEREES FEES IF APPOINTED £20:00 + 32P PER MILE TRAVELLING (£10:00 MAX)

TO BE SHARED EQUALLY BY BOTH TEAMS.

PLEASE NOTE BOTH TEAMS MUST PHONE RESULT & REFEREES MARKS TO Mr TIM PHILLIPS ON 01905 749562 BY 17:00 AT LATEST ON SUNDAY (DAY OF MATCH)