

This form to be completed and received by:
 Miss Brooke Haggerty
 Competitions Officer
 Hertfordshire Football Association Ltd
 County Ground
 Baldock Road,
 Letchworth
 Herts
 SG6 2EN

WITHIN TWO DAYS OF THE MATCH

Hertfordshire Football Association Limited

MATCH REPORT FORM

PLEASE COMPLETE IN BLOCK CAPITALS
(Write in Ink or Indelible Pencil)
 All sections of this form must be completed in FULL



DATE:	COMPETITION:	MATCH NUMBER:
VENUE:		
Home Club	Result:	Home Club <input style="width: 50px;" type="text"/>
Away Club		Away Club <input style="width: 50px;" type="text"/>
Score at Half Time <input style="width: 50px;" type="text"/>	Score at Full Time <input style="width: 50px;" type="text"/>	Extra Time Played <input style="width: 50px;" type="text"/> YES/NO

If relevant, give details of kicks from the penalty mark:

Home Club Kicks Scored

Away Clubs Kicks Scored

Referee:	Mark (1-100):
<i>A Club awarding a Referee a mark of 50 or less must forward a covering letter giving a valid reason for such marking</i>	
Hertfordshire FA Competition Rule No. 11(a)	

TEAM DETAILS

NOTE: ALL SECTIONS MUST BE COMPLETED IN FULL AND IN BLOCK CAPITALS

No.	Date of Birth of Player	Surname	First Name (In Full)	Goals Scored
GK 1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

NOMINATED SUBSTITUTES

No.	Date of Birth of Player	Surname	First Name (In Full)	Played YES/NO	Goals Scored
12					
13					
14					
15					
16					

Signed	Secretary of
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FOR YOUR CONVENIENCE WE WILL ACCEPT FAXED COPIES OF THIS FORM TO:
 01462 677624 or email to brooke.haggerty@hertfordshirefa.com