

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



# 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	<b>Result:</b>	Home Club	<input type="text"/>
Away Club		Away Club	<input type="text"/>
Score at Half Time <input type="text"/>	Score at 90 Minutes <input type="text"/>	Extra Time Played	<input 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> <b>Hertfordshire FA Competitions Rule No. 12(a)</b>	

## 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)	Goals Scored

## USED SUBSTITUTES

No.	Surname	First Name (In Full)	Goals Scored

Signed _____	Secretary of _____
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Email Address: [brooke.haggerty@hertfordshirefa.com](mailto:brooke.haggerty@hertfordshirefa.com)