

TESTWAY YOUTH FOOTBALL LEAGUE

RESULT CARD MUST BE COMPLETED IN FULL

Age Group U/ 's

Name of Club

FC

Result of League/Cup Match Played on

Home Team

Score ()

Away Team

Score ()

I Certify that the Players named below took part in this match

No.	Name of Player (in Block Capitals and Initials)	Goals Scored
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		

Substitutions

12		
13		
14		
15		
16		
17		
18		

Home Team Managers Name Signed

Away Team Managers Name Signed

Referees Name Signed

Referees Marks out of 100 () Must be entered by Team Manager

Assist Referee (H) Name

Assist Referee (A) Name

Sportsmanship Mark out of 10 () Must be entered by Team Manager

Result card MUST reach LDR's within 4 days of the Match (Saturday)

Results MUST be phoned by 6pm on Match Days (Saturday)

Match Observations (Foul or Abusive Remarks are not Permitted or Acceptable)

Comments please continue of back if necessary: