



SWANSEA SENIOR LEAGUE FOOTBALL LEAGUE CUP COMPETITION MATCH REPORT SHEET

SEN

To be completed in **BLOCK capitals**

Cup..... Round.....

Played at:..... on.....

Final Score

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12. ☐
14. ☐
15. ☐

Please tick the boxes above if that substitute plays.

Signed..... in my capacity of.....

for:.....A.F.C.

TO BE COMPLETED AND (AT LEAST 10 MINUTES PRIOR TO THE SCHEDULED K.O. TIME)

The Club Official must enter and fill in all the details including the **final score** and return fully completed to the
Hon General Secretary:-**Mr. J. Cornelius, 23 Highbury Close, Cwmbwrla, Swansea. SA5 8BJ.**
e-mail:connie9252@gmail.com