



SWANSEA SENIOR LEAGUE FOOTBALL LEAGUE U15/U16

U15/16 MATCH REPORT SHEET

To be completed in **BLOCK** capitals

Cup

Round

Cup name and Round.

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

Final Score

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

.....

11.

- 12.
- 14.
- 15.
- 16.
- 17.

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**