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East Berkshire Football League

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Match Report Sheet

Date:		Division/Cup	

Home Team:	Goals:	Visiting Team:	Goals:
Team Colours		**Team Colours**	

Played (Tick)	Shirt Number	Full Name of Player (Block Capitals)	Sub (Tick)	Reg No.	Goal	Cautioned	Sent Off

MARKING OF REFEREES

(This section must be completed)

Name of Referee ..... **MARK OUT OF 100 as F A Guidelines**

Section 1 General Control ..... 50 Marks

Section 2 Application of Laws ..... 30 Marks

Section 3 Personality and Personal Appearance ..... 20 Marks

TOTAL Mark

Signed: For Club

Date Match Confirmed		I.D. Cards Checked	YES	NO
		Club wishing to protest	YES	NO

This original copy is to be posted, faxed or e-mailed on the day of the match to the Hon. Results Secretary

WHITE copy to Results Secretary
BLUE copy to Opponents

YELLOW copy to Referee
PINK copy retained by club