|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TO BE SUBMITTED TO DERBYSHIRE COUNTY FA WITHIN 3 DAYS OF THE TIE BEING PLAYED** | | | |  | | --- | | **MATCH RESULT SHEET** | | | | | | | |  |
|  |
| PLEASE COMPLETE IN BLOCK CAPITAL LETTERS | | | | | |  |
|  |  |  | |  |  |  |
|  |  |  | |  |  |  |
| **DATE** | | | **COMPETITION** | | | | | **ROUND** | |
| **HOME TEAM** | | | | | | | | | |
| **AWAY TEAM** | | | | | | | | | |
|  | | | | | | | | | |
| HOME TEAM (FIRST NAME / LAST NAME) | | | | GOALS | AWAY TEAM (FIRST NAME / LAST NAME) | | | | GOALS |
| **1** |  | | |  | **1** |  | | |  |
| **2** |  | | |  | **2** |  | | |  |
| **3** |  | | |  | **3** |  | | |  |
| **4** |  | | |  | **4** |  | | |  |
| **5** |  | | |  | **5** |  | | |  |
| **6** |  | | |  | **6** |  | | |  |
| **7** |  | | |  | **7** |  | | |  |
| **8** |  | | |  | **8** |  | | |  |
| **9** |  | | |  | **9** |  | | |  |
| **10** |  | | |  | **10** |  | | |  |
| **11** |  | | |  | **11** |  | | |  |
| SUBSTITUTES | | | | | | | | | |
|  |  | | |  |  |  | | |  |
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| **ONLY USED SUBSTITUTES TO BE NAMED ON THIS MATCH RESULT SHEET ALL SUBSTITUTES TO BE NAMED ON A TEAM SHEET HANDED TO REFEREE PRIOR TO THE GAME** | | | | | | | | | |
|
|  | |  |  |  |  | |  |  |  |
| SCORE | | | HOME | AWAY |  | | REFEREE ASSESSMENT | | |
| HALF TIME | | |  |  |  | | REFEREE |  | |
| FULL TIME | | |  |  |  | | HOME MARK | / 100 | |
| A.E.T. (IF APPLICABLE) | | |  |  |  | | AWAY MARK | / 100 | |
| PENALTIES (IF APPLICABLE) | | |  |  |  | | Attendance |  | |
|  | |  |  |  |  | |  |  |  |
| **WINNING TEAM** | | | |  | | | | | |
|
|  | |  |  |  |  | |  |  |  |
| SIGNED | |  | | | SIGNED | |  | | |
| CLUB | |  | | | CLUB | |  | | |
| THIS FORM IS TO BE COMPLETED IN FULL AND SENT TO: DERBYSHIRE COUNTY FOOTBALL ASSOCIATION LIMITED UNITS 8 & 9, STADIUM BUSINESS COURT, MILLENIUM WAY, PRIDE PARK, DERBY, DE24 8HP FAILURE TO COMPLETE THIS FORM IN FULL OR WITHIN THE TIMEFRAME WILL INCUR A FINE | | | | | | | | | |
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