



Exeter & District Youth League Match result form 2009/10 Season



TEAM SHEET FOR _____ FC

Date ____/____/____ Age Group ____ Division/Cup (delete as applicable) _____

Match _____ versus _____ Kick Off _____

Home team goals

Away team goals

RESULT

| | ID Card No: | Surname | Forename | Played | Goals Scored |
|----|-------------|---------|----------|--------|--------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |

Please tick IN THE BOX to indicate cards were checked

Referee's Name _____ Signature _____ FEE £ _____ (if applicable)

REFEREE'S ASSESSMENT MARK (OUT OF 100)

To be completed **AFTER** the Referee's signature has been obtained

Manager's Signature _____

This form should be completed by the team manager & the Match Referee and then sent, by the home team, (home team to send in both sheets) to - Carole Johnson - 13 Cleave Close, Tedburn St Mary, EX6 6AS – **WITHIN 4 DAYS** of the game being played. All late forms will incur a fine as per the 2009/10 rules. Results should also be phoned/text or emailed **IMMEDIATELY** after the game, by the home team manager, to the League Secretary.