SOUTH BUCKS YOUTH LEAGUE

Match Report Sheet

Date:		Division/Cup:	
Home Team:	**Goals:**	**Visiting Team:**	**Goals:**
Team Colours		**Team Colours**	

Shirt Number	**Full Name of Player** (Block Capitals)	**Goal Scorers**	**Subs**	**Reg. No.**

SUBS MUST BE CLEARLY MARKED ON THE RESULT SHEET

MARKING OF REFEREES: (This section must be completed)

Name of Referee: …… I.D. Cards Checked: Yes/No

Clubs wishing to Protest: Yes/No

/100

No protests will be considered unless ID Cards have been checked at the match.

Mark 50 or below should be accompanied by a letter.

Signed: For: Club

The signed copy is to be posted[1] (1st Class), emailed[2] or faxed[3] to the Hon. Registration Secretary to arrive no later than 3 days after the game. A copy to Opposition 15 mins. prior to KO. Copy given to Referee 15 mins. prior to KO. A Copy to be retained for your records.

[1] SBYL. 23 Healey Avenue, High Wycombe, HP13 7JP [2] a.kn@btinternet.com [3] Fax - 01494 440945