

LICHFIELD & DISTRICT RECREATIONAL LEAGUE MATCH RESULT FORM (SMALL SIDED ONLY)

MATCH NUMBER		This form must reach the match secretary within 3 DAYS of the match (Rule 11A)									
NAME OF HOME TEAM						NAME OF AWAY TEAM					
DATE						LEAGUE / CUP / SHIELD			PLAYED AT		
AGE GROUP						UNDER					
Please list below in numeric order, Registered players ONLY									Please list below in numeric order, Registered players ONLY		
Reg. No.	NAME IN BLOCK LETTERS	Usual Signature	Goals		Goals	Reg. No.	NAME IN BLOCK LETTERS	Usual Signature			
				1							
				2							
				3							
				4							
				5							
				6							
				7							
				8							
				9							
				10							
				11							
				12							

ASSESSMENT OF THE REFEREE

general application of laws, (please mark out of **100**)

Signed (HOME TEAM) _____

Signed (AWAY TEAM) _____

Marks below **50** must be followed by a letter to the section secretary with full written details of complaints regarding the referee (Rule 13H)

Rule 13B In the event of no fixtured referee the teams shall mutually agree a referee who will complete the full game

KICK OFF TIME

REFEREE (BLOCK CAPS)

REFEREES (SIGNATURE)

SCORE HALF TIME

FULL TIME

Date section secretary recieved match form