

**LICHFIELD & DISTRICT RECREATIONAL LEAGUE MATCH RESULT FORM (11 A SIDE ONLY)**

<b>MATCH NUMBER</b>		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		<b>UNDER</b>						
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
				<b>1</b>				
				<b>2</b>				
				<b>3</b>				
				<b>4</b>				
				<b>5</b>				
				<b>6</b>				
				<b>7</b>				
				<b>8</b>				
				<b>9</b>				
				<b>10</b>				
				<b>11</b>				
				<b>12</b>				
				<b>13</b>				
				<b>14</b>				
				<b>15</b>				
				<b>16</b>				

**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