



PETER HOUSEMAN YOUTH LEAGUE

Affiliated to Hampshire Football Association Ltd.

Match Result Card



Part A: to be completed in ink by the Team Managers and sent by the Home Team Manager to the appropriate Divisional Secretary on the day of the match. **Players Surnames & Forenames to be completed in block capitals.**

Date: _____ Age: Under _____ Div: _____ Competition _____

Home Team

	FC	Goal Scorers
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
Home Team Score		

Away Team

	FC	Goal Scorers
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
Away Team Score		

REMEMBER TO GIVE ALL SUBSTITUTES NAMES TO THE REFEREE PRIOR TO KICK OFF

I certify that the above players took part in this match.

Signed: _____ Home Manager

Qualified First Aider (PRINT) _____

I certify that the above players took part in this match.

Signed: _____ Away Manager

Part B: To be completed in ink by the **Referee.**

Referee: (**PRINT**) _____

Signed: _____

Home Team _____

Away Team _____

Date _____ Age: Under _____ Div _____

Competition _____

Home Team – Goals: _____

Away Team – Goals: _____

Scheduled Kick Off time: _____

Actual Kick Off time: _____

If late Kick Off; Team at fault _____

Match Duration; (Each Way) _____ Minutes

Extra Time; (If Played) _____ Minutes

Assistant Referees

Name (Home) _____ Mark _____

Name (Away) _____ Mark _____

Part C: Referee Marks.

To be completed in ink by Both Managers **following** completion of Part B by the referee.

Home Team Marks (from 10) _____

Away Team Marks (from 10) _____