

DERBYSHIRE COUNTY FOOTBALL ASSOCIATION LIMITED
MATCH RESULT SHEET
DCFA CUP COMPETITION: SUNDAY SENIOR CUP/SUNDAY JUNIOR CUP
(Please indicate which competition)

MATCH NO: _____ DATE OF MATCH _____ KICK OFF _____ hrs.

HOME TEAM _____
(insert name of team)

AWAY TEAM _____
(insert name of team)

GOALS ↓	Print players' FULL names ↓
<input type="checkbox"/>	1. _____
<input type="checkbox"/>	2. _____
<input type="checkbox"/>	3. _____
<input type="checkbox"/>	4. _____
<input type="checkbox"/>	5. _____
<input type="checkbox"/>	6. _____
<input type="checkbox"/>	7. _____
<input type="checkbox"/>	8. _____
<input type="checkbox"/>	9. _____
<input type="checkbox"/>	10. _____
<input type="checkbox"/>	11. _____
<input type="checkbox"/>	12. _____
<input type="checkbox"/>	14. _____
<input type="checkbox"/>	15. _____

Print players' FULL names ↓	GOALS ↓
1. _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>
6. _____	<input type="checkbox"/>
7. _____	<input type="checkbox"/>
8. _____	<input type="checkbox"/>
9. _____	<input type="checkbox"/>
10. _____	<input type="checkbox"/>
11. _____	<input type="checkbox"/>
12. _____	<input type="checkbox"/>
14. _____	<input type="checkbox"/>
15. _____	<input type="checkbox"/>

SUBSTITUTES TO BE NOMINATED TO THE REFEREE PRIOR TO THE GAME ON A TEAM SHEET NOT THIS MATCH RESULT SHEET

ONLY USED SUBSTITUTES TO BE INCLUDED ON THIS MATCH RESULT SHEET

Half Time Score: (H) ____ V ____ (A) Full Time Score: (H) ____ V ____ (A)

A. E. T. (if applicable) (H) ____ V ____ (A) Penalties (if applicable) (H) ____ V ____ (A)

Attendance at Fixture _____

WINNING TEAM	
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This box is for the Assessment of Referee Only NOT for the Result.			
Name of Referee _____ (award an overall mark out of 100 below)			
HOME TEAM	<input style="width:80%;" type="text"/>	AWAY TEAM	<input style="width:80%;" type="text"/>

Signed _____

Signed _____

Secretary of _____ F.C.
(Home Club)

Secretary of _____ F.C.
(Away Club)

This form is to be completed in **INK** and sent to:
DERBYSHIRE COUNTY FOOTBALL ASSOCIATION LIMITED
8 & 9, STADIUM BUSINESS COURT, MILLENNIUM WAY, PRIDE PARK, DERBY, DE24 8HP
 within three days of the match being played. Print players' forename and surname for both teams.
FAILURE TO COMPLETE THIS FORM IN FULL WILL INCUR A FINE.