

RESULT & TEAM SHEET

Cheshire County Football Association
Chester & District Football Association
C&C Catering Equipment Ltd Challenge Cup



Please complete in BLOCK LETTERS in black font or black ink.

| | |
|-------------------|--|
| Your Club: | |
|-------------------|--|

| | | | |
|-----------------------|--|---------------|--|
| Date of Match: | | Round: | |
|-----------------------|--|---------------|--|

| | |
|-----------------|--|
| Referee: | |
|-----------------|--|

| | | | |
|-------------------|--|---------------|--|
| Home Club: | | Goals: | |
| Away Club: | | Goals: | |

| | |
|--------------------------|--|
| Score at 90 Mins: | |
|--------------------------|--|

| | | | | |
|----------------------------------|--------------------------|--|--------------------------|--|
| Penalties (If applicable) | Home Team Scored: | | Away Team Scored: | |
|----------------------------------|--------------------------|--|--------------------------|--|

| | | | |
|-------------------|--|--------------------------|--|
| Your Name: | | Position at Club: | |
|-------------------|--|--------------------------|--|

TEAM DETAILS

| Shirt No. | Surname | First Name | Goals |
|-----------|---------|------------|-------|
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SUBSTITUTES

| Shirt No. | Surname | First Name | Mark Used (x) | Goals |
|-----------|---------|------------|---------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

REFEREE MARK

| | |
|-------------------------|--|
| Mark out of 100: | |
|-------------------------|--|

Please return this form completed to tony.bea@btinternet.com or send to:
 A Summers, 232 Hermitage Road, Saughall, Chester CH16AE
 within 72 hours of the game being played.