

# RESULT & TEAM SHEET

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



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

<b>Your Club:</b>	
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<b>Date of Match:</b>		<b>Round:</b>	
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<b>Referee:</b>	
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<b>Home Club:</b>		<b>Goals:</b>	
<b>Away Club:</b>		<b>Goals:</b>	

<b>Score at 90 Mins:</b>	
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<b>Penalties (If applicable)</b>	<b>Home Team Scored:</b>		<b>Away Team Scored:</b>	
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<b>Your Name:</b>		<b>Position at Club:</b>	
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## TEAM DETAILS

Shirt No.	Surname	First Name	Goals

## SUBSTITUTES

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

## REFEREE MARK

<b>Mark out of 100:</b>	
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Please return this form completed to [tony.bea@btinternet.com](mailto:tony.bea@btinternet.com) or send to:  
 A Summers, 232 Hermitage Road, Saughall, Chester CH16AE  
 within 72 hours of the game being played.