

RESULT & TEAM SHEET

Cheshire County Football Association

Chester & District Football Association

The Doug Johnson Cup



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

Your Club:	
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Date of Match:		Round:	
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Referee:	
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Home Club:		Goals:	
Away Club:		Goals:	

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

Shirt No.	Surname	First Name	Goals

SUBSTITUTES

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

REFEREE MARK

Mark out of 100:	
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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.