RESULT & TEAM SHEET

Cheshire County Football Association

Chester & District Football Association

The President's 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

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.