

WESTMORLAND COUNTY FOOTBALL ASSOCIATION LIMITED



Date: _____

Cup Competition: _____ Round: One/Two/Three/Fourth/Semi Final/Final

Match: _____ v _____

Referee: _____

Assistant Referees (when appointed) _____

TEAM RESULT SHEET

Full names of _____ FC Team

Shirt No.	Surname Name	First Name(s)	Goals Scored

Nominated Substitutes (in accordance with Cup Rule 17(b))

Shirt No.	Surname Name	First Name(s)	Time Used or N.U	Goals Scored

RESULT Home _____ Goals Away _____ Goals

REPORT ON REFEREE

Dealing with overall Decision Making, Judgement of Major Decisions, General Control and Player Management.

We award an overall mark out of 100

PLEASE CHECK THAT THE REFEREE IS THE OFFICIAL APPOINTED

Signed _____

Club Secretary

Completed team sheets should be posted or e-mailed to

Westmorland County Football Association Limited

35/37 Appleby Road, Kendal, Cumbria, LA9 6ET

info@WestmorlandFA.com

within 3 (three) days (clearly indicating goal scorers and if substitutes were used).

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FAIR PLAY AWARD - ASSESSMENT FORM

Date

Competition Age Group

Game v

Venue

Assessment of **YFC** (opposition)

Number of Red Cards (insert number)

Number of Yellow Cards (insert number)

Positive Play

Poor/Below Average/Average/Good/Very Good*

Respect towards the opponents

Poor/Below Average/Average/Good/Very Good*

Respect towards the Referee and Assistant Referee

Poor/Below Average/Average/Good/Very Good*

Behaviour of Club/Team Officials

Poor/Below Average/Average/Good/Very Good*

Behaviour of the public

Poor/Below Average/Average/Good/Very Good

Hospitality YES NO

(to be completed by visiting club only)

*Delete as necessary

Signed Club

Score

**For Official
Use Only**

Total