chairman: John Penkethman
treasurer: Linda Penkethman
secretary: Russ Murch
email: info@exeteryouthleague.co.uk
web: www.exeteryouthleague.co.uk

Match result form 2009/10 Season

Date ____/_____/_____ **Age Group** _____ **Division/Cup**_____

Match _____ versus _____ **Kick Off** _____

home team goals **away team goals**

RESULT

HOME TEAM

	ID No:	Surname	Forename	P	S
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
		Please tick to indicate cards were checked			

AWAY TEAM

ID No:	Surname	Forename	P	S
	Please tick to indicate cards were checked			

ID No= Identity Card Number **P= Played** **S= Goals Scored**

Referee's Name_____ Signature_____ FEE £_____

REFEREE'S ASSESSMENT MARK (OUT OF 100)

*To be completed by both Clubs **AFTER** the Referee's signature has been obtained*

Home Team Mark Away Team Mark

Manager's Signature _____ Manager's Signature_____

This form is to be completed by both Managers & the Match Referee and then sent, by the home team, to - Carole Johnson - 13 Cleave Close, Tedburn St Mary, EX6 6AS – **WITHIN 4 DAYS** of the game being played. All late forms will incur a fine as per the 2009/10 rules. Results should also be phoned/text or emailed **IMMEDIATELY** after the game, by the home team manager, to the League Secretary.