

JUVENTUS YOUTH FOOTBALL LEAGUE

MATCH RESULT SHEET

LEAGUE / CUP: UNDER _____

DATE: _____

MATCH: _____ V _____

HOME TEAM

AWAY TEAM

	First Name (CAPITALS)	Surname (CAPITALS)	Sub Played Yes / No		First Name (CAPITALS)	Surname (CAPITALS)	Sub Played Yes / No
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			
11				11			
Subs				Subs			
12				12			
14				14			
15				15			
16				16			
17				17			

MATCH RESULT: HOME TEAM

AWAY TEAM

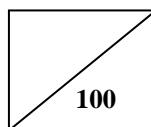
REFEREE'S NAME: _____

REFEREE'S SIGNATURE: _____

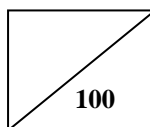
(Any alterations to the player's details MUST be initialled by the referee prior to the start of the game)

REFEREE'S NAME: _____

REFEREE'S MARK: HOME TEAM



AWAY TEAM



Home Team Signature: _____

Away Team Signature: _____

Please post form to the registrations secretary immediately after the match as per league rules.

Marian Woolridge, 5 Headland Close, EXETER, EX1 3NN