

SOUTH CHESHIRE YOUTH LEAGUE CUP MATCH RETURN



PLEASE COMPLETE IN BLOCK CAPITALS & LEAVE NO SECTIONS BLANK.

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| PLEASE HIGHLIGHT GOALSCORERS IN THE GLS/DNP COLUMN WITH THE NUMBER OF GOALS THEY HAVE SCORED TODAY. PLEASE ALSO HIGHLIGHT THE TEAM CAPTAIN & THE GOALKEEPER IF THEY WEAR A NUMBER OTHER THAN 1. | | | |
|---|----------------|------------|------------------------------|
| SHIRT NO | PLAYER NAME | GLS DNP | FINAL SCORE (H-A) |
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| | | | SCORE AFTER PENALTIES |
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| | | | TEAM OFFICIALS |
| | | | INCLUDING LINESMAN |
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| | | | NUMBER OF OPPOSITION PLAYERS |
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| | | | PLAYER OF THE MATCH |
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| PLEASE SUBMIT COMPLETED FORM (REQUIRED FROM BOTH TEAMS) NO LATER THAN <u>MONDAY 10AM</u> . FAILURE TO SUBMIT THIS FORM WILL RESULT IN A VOID FIXTURE. ANY PLAYERS THAT <u>DID NOT</u> TAKE PART IN TODAYS GAME PLEASE HIGHLIGHT IN THE <u>DNP</u> COLUMN ON THIS FORM. IF GAME ENDS IN PENALTIES PLEASE CLEARLY STATE THE TAKERS & SCORERS SOMEWHERE IN YOUR SUBMISSION. | | | |
| I CONFIRM THIS MATCH RETURN IS AN ACCURATE REPRESENTATION OF TODAYS FIXTURE. | | | |
| | SIGN (MANAGER) | SIG | GN (OPPOSITION) |