



MATCH REPORT FORM

DATE

• League & Domestic Cup matches must be phoned in by the HOME Club and Notts Cup matches by ALL Teams to the Fixture Secretary on 01636 892079 by 2.00pm on the Sunday of the game (by 9pm when an evening K.O)
 • This correctly completed form must be sent to the Registrar within 2 days of the match by hand or first class post to **Mr Andy Duckmanton, 101 Marsh Lane, Farndon, Newark, Notts NG24 4TA.**
 Or scanned and emailed to: andyduckmanton@newarkfootballalliance.co.uk

• FAILURE TO COMPLETE THIS FORM CORRECTLY OR COMPLY TO EITHER OF THE ABOVE WILL RESULT IN A FINE

FIXTURE TYPE

LEAGUE				LEAGUE CUPS			COUNTY CUPS				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREM	1ST	2ND	3RD	WHC	SAMT	PJMT	NSC	NIC	NJC	NMC	LC

HOME TEAM	SCORE	AWAY TEAM

	First Name	Surname	Goals	MoM
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Substitutes: Only Enter if Used.

12				
14				
15				

Own Goals

	First Name	Surname	Goals	MoM
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Substitutes: Only Enter if Used.

12				
14				
15				

Own Goals

REFEREES MARKS

REFEREE

HOME MARK /

AWAY MARK /

SIGNED

SIGNED

* NOTE: ANY CLUB WHICH AWARDS A REFEREE A MARK OF 40 OR BELOW MUST SUBMIT A WRITTEN REPORT AS TO THE REASONS THEREOF TO THE LEAGUE REFEREE SECRETARY WITHIN 7 DAYS OF THE MATCH BEING PLAYED.