

Salford & Districts Football LEAGUE MATCH CARD		VENUE	DATE	AGE GROUP	KICK OFF TIME	LEAGUE <input type="checkbox"/> CUP <input type="checkbox"/>
HOME TEAM		PLAYER IDs YES <input type="checkbox"/> NO <input type="checkbox"/>	AWAY TEAM		PLAYER IDs YES <input type="checkbox"/> NO <input type="checkbox"/>	
HOME TEAM MANAGER			AWAY TEAM MANAGER			
HOME TEAM PLAYER'S NAME & SIGNATURE			AWAY TEAM PLAYER'S NAME & SIGNATURES			
1			1			
2			2			
3			3			
4			4			
5			5			
6			6			
7			7			
8			8			
9			9			
10			10			
11			11			
12			12			
13			13			
14			14			
15			15			
16			16			
GAME CONFIRMED: YES <input type="checkbox"/> NO <input type="checkbox"/>		REF SCORE: (OUT OF 100)	MANAGER MATCH REPORT - (CONSTRUCTIVE COMMENT ONLY)			
FINAL SCORE: HOME : AWAY		HOME : AWAY				
REF'S NAME:		REF'S SIGN:				
MANAGERS / COACHES CONDUCT [] EXCELLENT [] GOOD [] FAIR		SPECTATORS CONDUCT [] EXCELLENT [] GOOD [] FAIR				
<p>Before Kick Off - All Match Cards to be completed with player names and Players ID Sheet to be exchanged with opposition manager. Match cards must be signed by the referee. Each manager to text result to FULL TIME. Completed match cards to be sent to Div Sec by Monday.</p>						

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6			6			
7			7			
8			8			
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