Match Return Card

ARUN & CHICHESTER YOUTH FOOTBALL LEAGUE
MATCH RETURN FORM

To reach Registration Secretary within 4 days of the match – see rule 11 A
All shaded areas to be completed

Club	
Completed by	

Reason for cancellation/postponement e.g. insufficient players/weather conditions.	

Fixture Type	League / Challenge / Invitation / County Cup*	Age Group U	
Date of Match			
Home Team		Score	
Away Team		Score	
Referees Name		Mark	
Club Linesman			

Fair Play Mark for Opposition (out of 5)	

***Delete as applicable**
Enter the registration numbers in sequence and names of players and substitutes who entered the field of play only.

Registration No.	Players Name	Goals Scored