



Cheshire Junior Cup & Plate

MATCH RESULT FORM



PLEASE COMPLETE ALL SECTIONS

(ISSUE #4OCT008)

Team details to be completed by both Home Team Manager / Coach, and the Away Team Manager / Coach and countersigned by the referee after the game. **By signing this form both coaches are confirming that the information contained is correct to the best of their knowledge and that players RFU Registration Cards are available and have been checked before the start of the match if requested.**

Home Team	Tries :		Away Team	Tries :	
Age Group	Conv's :		Age Group	Conv's :	
Competition and Stage	D G's :		Competition and stage	D G's :	
	Pen's :			Pen's :	

Date Match Played :	MATCH TOTAL :		MATCH TOTAL :	
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No	Name (Surname First)	Reg' No	Date of Birth	No	Name (Surname First)	Reg' No	Date of Birth
15				15			
14				14			
13				13			
12				12			
11				11			
10				10			
9				9			
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			

HOME BENCH				AWAY BENCH			
16				16			
17				17			
18				18			
19				19			
20				20			
21				21			
22				22			

Home Manager / Coach's Name	Signature :
Away Manager / Coach's Name :	Signature :

Guidance for Referees - After the game please enter the scores, and record any yellow/red cards issued against the player's name, Sign & return this form to the Winning Team Manager / Coach for submission to the Cheshire Youth Sub-Committee. If you wish to make any further comments please do so on the back of the form.

Referee's Name	Society	Tel No :	Signature :
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WINNING TEAM TO EMAIL RESULT WITHIN 48 HOURS OF MATCH TO **STU-ANDERSON@HOTMAIL.CO.UK**

AND POST THIS FORM WITHIN 1 WEEK TO:~

MR STUART ANDERSON, 41 MURRAYFIELD DRIVE, WILLASTON, NANTWICH. CW5 6QF