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|  | **Match Report Sheet** |  |
| Date: |  | Age Group & Div |  |
| Home Team: | Goals: | Visiting Team: | Goals: |
|  |  |  |  |
| Team Colours | Team Colours |
|  |  |
| Shirt Number | Full Name of Player (Block Capitals) | Goals |
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| **THIS SECTION MUST BE COMPLETED**Referee Name: Referee Mark (0-100):Sportsman Mark (0-5): |
|  |
| Signed: |  | For: |  | Club |
|  |
| Date Match Confirmed: | I.D. Cards Checked | Yes | No |
| E-mail to Results Secretaryresultssecretary@tvfdl.co.uk | Club wishing to protest | Yes | No |