





**MATCH SHEET CONFERENCE:**

**North/East South/West**

(COMPLETE ALL SECTIONS & PLEASE PRINT CLEARLY) (PLEASE CIRCLE)

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| **ROUND** |  | **KICK-OFF**  **TIME** |  | **GROUND** |  |

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| **HOME TEAM** IS RESPONSIBLE TO PROVIDE FULL-TIME MATCH RESULT VIA EMAIL TO COMPETITION COORDINATOR: [saas1stxisoccerleague@gmail.com](mailto:saas1stxisoccerleague@gmail.com)  **POINT DEDUCTIONS WILL APPLY FOR NON-COMPLIANCE** | | **SCORE** | | | | |
| HALF TIME | FULL TIME | EXTRA TIME  HALF TIME | EXTRA TIME  FULL TIME | PENALTIES |
| **HOME TEAM** |  |  |  |  |  |  |
| **AWAY TEAM** |  |  |  |  |  |  |

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| **PLAYERS OF:  (SCHOOL NAME)** | |  | | | | | |
| **SHIRT NO.** | **FIRST NAME** | | **SURNAME** | **GOALS** | **CAUTION/  SEND-OFF** | **Teams Best 3 Players**  **3 / 2 / 1** | **BEST & FAIREST PLAYERS POSITION** |
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| **COACH OR SCHOOL REPRESENTATIVE** | |  | **REFEREE** | |
| FULL NAME |  |  | FULL NAME |  |
| SIGNATURE |  |  | SIGNATURE |  |

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| **SEND OFFS (DETAILS IF REQUIRED)** | | |  | **PLAYER INJURIES** | | |
| **SHIRT No.** | **CLUB** | **OFFENCE** |  | **SHIRT**  **No.** | **CLUB** | **DESCRIPTION OF INJURY** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **REFEREE TO INCLUDE AN INCIDENT REPORT FOR ANY SERIOUS INCIDENT(S)** | | |  |  |  |  |

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| **WHEN FULLY COMPLETED AND SIGNED:-** HOME AND AWAY TEAMS TO EACH TAKE A PHOTO OF EACH MATCH SHEET AND SEND A COPY VIA EMAIL TO: [saas1stxisoccerleague@gmail.com](mailto:saas1stxisoccerleague@gmail.com) |