





 **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 **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  |