**Staffordshire U15 Cup Match Result Card**

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| Match Date: |
| Club: |

Please complete in **BLOCK CAPITALS**, stating surname followed by first name of all players & replacements. Please put time they play from and when you take them off. It is suggested the match start time is 00, half time would be 30 and full time 60. Please remember the **HALF GAME RULE IS MANDATORY**. There is room to record a player going on and off the pitch twice. If they go on and off more times, please write in the notes area below.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Name | Time on | Time off | Time on | Time off | No. | Name | Time on | Time off | Time on | Time off |
|  | *Bartlett Michael* | *00* | *20* | *50* | *60* |  |  |  |  |  |  |
| 1 |  |  |  |  |  | 16 |  |  |  |  |  |
| 2 |  |  |  |  |  | 17 |  |  |  |  |  |
| 3 |  |  |  |  |  | 18 |  |  |  |  |  |
| 4 |  |  |  |  |  | 19 |  |  |  |  |  |
| 5 |  |  |  |  |  | 20 |  |  |  |  |  |
| 6 |  |  |  |  |  | 21 |  |  |  |  |  |
| 7 |  |  |  |  |  | 22 |  |  |  |  |  |
| 8 |  |  |  |  |  | 23 |  |  |  |  |  |
| 9 |  |  |  |  |  | 24 |  |  |  |  |  |
| 10 |  |  |  |  |  | 25 |  |  |  |  |  |
| 11 |  |  |  |  |  | 26 |  |  |  |  |  |
| 12 |  |  |  |  |  | 27 |  |  |  |  |  |
| 13 |  |  |  |  |  | 28 |  |  |  |  |  |
| 14 |  |  |  |  |  | 29 |  |  |  |  |  |
| 15 |  |  |  |  |  | 30 |  |  |  |  |  |

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| **RESULT DECLARATION** |
| HOME TEAM NAME:  | POINTS:  |
| AWAY TEAM NAME:  | POINTS:  |

|  |  |
| --- | --- |
| Team Manager:  | Referee’s name:  |
| Home Team Sig. | Away Team Sig. |

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| Notes: *If a player does not complete half a game, please give reason in here.* |