

**NUNEATON AND BEDWORTH MINOR FOOTBALL LEAGUE**

DATE	AGE	FIXTURE	
HOME TEAM		AWAY TEAM	SCORE

NAME	SIGNATURE	REG No.	SUB ✓	G/S	No	NAME	SIGNATURE	REG No.	SUB ✓	G/S
					1					
					2					
					3					
					4					
					5					
					6					
					7					
					8					
					9					
					10					
					11					
					12					
					13					
					14					
					15					
					16					

To be completed by **HOME TEAM** official

SIGNATURE

Were you shown your opponents I.D.  YES/NO cards

MARK FOR REFEREE  /100

To be completed by **AWAY TEAM** official

SIGNATURE

Were you shown your opponents I.D.  YES/NO cards

Did the home team confirm 72 hrs prior to fixture? YES/NO

MARK FOR REFEREE  /100

**REFEREES REPORT**

**THE HOME TEAM MUST NOTIFY THE PRESS OFFICER (RESULTS & GOALSCORERS) BY 6:30PM.**

**THE MATCH REPORT FORM MUST BE RETURNED TO THE LEAGUE SECRETARY WITHIN 3 DAYS OF THE GAME BEING PLAYED.**

Did the home team confirm 72 hours prior to fixture YES/NO

Were the nets, corner flags, ball provided by Home Team YES/NO

Did you receive your full fee from the Home club YES/NO

Late kick off offending team HOME/AWAY

If game was postponed give details on back of form

**Referees name.**  
 (Printed).....

Disciplinary	HOME	AWAY
Yellow cards		
Red cards		

**Referees signature**  
 .....

**BCFA REG No** .....