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| MATCH REPORT FORM  **Cornwall Mixed Trophy** |

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| ROUND/GROUP  (Delete as Appropriate)  *North Group/Central Group/South Group/Semi Final/Final* | VENUE |
| **DATE** | **START TIME** |

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| *HOME TEAM* ***(REQUIRED)*** |  | Result  **(REQUIRED)** |  | -- |  |  | *AWAY TEAM* ***(REQUIRED)*** |

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| **Home Team are REQUIRED to fill all boxes below** | | |  | **Away Team are REQUIRED to fill all boxes below** | | |
| **Shirt No** | **Player Names (FULL NAMES - BLOCK CAPTALS)** | **GOALS** |  | **Shirt No** | **Player Names (FULL NAMES - BLOCK CAPTALS)** | **GOALS** |
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| HOME TEAM Captain  SIGNED:  **(REQUIRED)** | | |  | AWAY TEAM Captain  SIGNED  **(REQUIRED)** | | |
| *PRINT NAME:*  ***(FULL NAME REQUIRED)*** | | |  | *PRINT NAME:*  ***(FULL NAME REQUIRED)*** | | |
|  | | |  |  | | |
| UMPIRE 1  SIGNED | | |  | UMPIRE 2  SIGNED | | |
| *PRINT NAME:*  ***(FULL NAME REQUIRED)*** | | |  | *PRINT NAME:*  ***(FULL NAME REQUIRED)*** | | |
| *Umpire Registration Number*  ***(REQUIRED)*** | | |  | *Umpire Registration Number*  ***(REQUIRED)*** | | |
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**Please completed form then send by email as a SCAN/PICTURE to:** [StuRich12@hotmail.com](mailto:StuRich12@hotmail.com)

Each club shall take responsibility for the information and personal data submitted on this Match Card