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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 CaptainSIGNED:**(REQUIRED)** |  | AWAY TEAM Captain SIGNED **(REQUIRED)** |
| *PRINT NAME:****(FULL NAME REQUIRED)*** |  | *PRINT NAME:****(FULL NAME REQUIRED)*** |
|  |  |  |
| UMPIRE 1SIGNED  |  | UMPIRE 2SIGNED |
| *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

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