

# SHROPSHIRE GIRLS FOOTBALL LEAGUE MATCH REPORT FORM 2008/2009

Fixtures Secretary

**MARTIN EVANS**  
**20 OAKFIELD ROAD**  
**MARKET DRAYTON**  
**SHROPSHIRE**  
**TF9 3HT**

Each team manager is to sign this form and ensure that all details are correct and that all players are registered with the Shropshire Girls League.

**ALL MATCH REPORT FORMS MUST BE SENT TO THE FIXTURES SECRETARY BY THE THURSDAY AFTER THE GAME**

|  |        |       |                           |        |       |
|--|--------|-------|---------------------------|--------|-------|
| LEAGUE GAME OR CHARITY CUP   |        |       | AGE GROUP                 |        |       |
| LEAGUE CUP OR MANAGEMENT CUP   |        |       | DATE                      |        |       |
| HOME TEAM  |        |       | AWAY TEAM                 |        |       |
| score  |        |       | score                     |        |       |
| FULL NAMES (PRINT)   | REG.NO | GOALS | FULL NAMES (PRINT)        | REG.NO | GOALS |
| [1]  |        |       |                           |        |       |
| [2]  |        |       |                           |        |       |
| [3]  |        |       |                           |        |       |
| [4]  |        |       |                           |        |       |
| [5]  |        |       |                           |        |       |
| [6]  |        |       |                           |        |       |
| [7]  |        |       |                           |        |       |
| [8]  |        |       |                           |        |       |
| [9]  |        |       |                           |        |       |
| [10]   |        |       |                           |        |       |
| [11]   |        |       |                           |        |       |
| [12]   |        |       |                           |        |       |
| [13]   |        |       |                           |        |       |
| [14]   |        |       |                           |        |       |
| [15]   |        |       |                           |        |       |
| [16]   |        |       |                           |        |       |
| Signature of Home Manager  |        | YES   | Signature of Away Manager |        | YES   |
|  |        | NO    |                           |        | NO    |
| I am satisfied with my opponents registration details--- Please indicate YES or NO above   |        |       |                           |        |       |
| Referee (Print Name)   |        |       | Referees Signature        |        |       |
| Home Teams Cautions  |        |       | Away Teams Cautions       |        |       |
| <b>YOU MUST PHONE OR TEXT RESULTS ON 07855644536 BETWEEN 6PM AND 7PM ON THE DAY OF THE GAME OR YOU CAN EMAIL TO MARTEVANS31@AOL.COM BY 7PM</b> |        |       |                           |        |       |