

MATCH RETURN CARD

(FOR ALL MINI SOCCER ALLIANCE FIXTURES)

Only the HOST club, with the co-operation of the visiting club, needs to complete this card for each Mini Soccer Alliance fixture. Use this form for any of the age ranges from Under 7 to Under 11. Please make sure you fully understand Management Committee Policy/Procedures 30(a) to (n) Incl. (Mini Soccer Alliance Appendix) and Standard Code of Rules 11(A),(B)&(C). Failure to comply or to complete this form correctly will result in a fine.

PLEASE COMPLETE IN BLOCK CAPITALS.

PLEASE CIRCLE THE RELEVANT AGE RANGE

UNDER 7

UNDER 8

UNDER 9

UNDER 10

UNDER 11

Name of host club:- _____

Host club team names:-team 1(H1)_____ team 2(H2)_____

Visiting club name:-_____

Visiting club team names:-team 1(V1)_____ team 2(V2)_____

Date of fixtures:-_____

Venue:-_____

RESULTS OF GAMES

	Team name	Score		Team name	Score
1.(H1)	_____	v (V1)	_____
2.(H2)	_____	v (V2)	_____
3.(V1)	_____	v (H2)	_____
4.(V2)	_____	v (H1)	_____

All team leaders will need to complete and sign the details overleaf to confirm all the information on both sides of this form is correct. It is the host club's responsibility to ensure this form is completed correctly. Please remember fixtures should be played on the weekend scheduled by the Mini Soccer Alliance Fixture Secretary and should only be called off due to adverse weather conditions in accordance with Standard Code of Rules 10(a) to (g) incl. and Management Committee Procedure 26(e). The match card must be sent by the host club to the Registration Secretary, even if a fixture has been called off - in this situation the card should be marked "Cancelled" and the re-arranged fixture date clearly marked.

Registration Secretary-Trevor Brand-39 Blossom Walk, Hailsham, East Sussex BN27 1TT

MATCH RETURN CARD

All team leaders will need to complete this section of the HOST clubs Match Return Card to confirm the names of the players who played for their respective clubs at the Mini Soccer Alliance fixture. There is no need to enter the time played by each player during the fixture or for the visiting club to send in their own Match Return Card. If your club has only supplied ONE team, and you have been paired with another club, please indicate which players belong to which club.

HOST CLUB PLAYERS	VISITING CLUB PLAYERS
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.
17.	17.
18.	18.
19.	19.
20.	20.
21.	21.
22.	22.
23.	23.
24.	24.

DECLARATION

We, the undersigned Team Leaders, or our representatives if signed in our absence, agree to abide by and uphold all the Standard Code of Rules and the Management Committee Policy/Procedures of the Crowborough & District Junior Football League as laid out in the current League Handbook and confirm the results, as stated on the front of this match card are correct.

HOST CLUB TEAM LEADER NAME/S

VISITING CLUB TEAM LEADER NAME/S

--	--

(PRINT AND SIGN NAME PLEASE)

(PRINT AND SIGN NAME PLEASE)

NAME OF 1ST AID QUALIFIED PERSON

NAME OF REFEREE-PITCH 1

NAME OF REFEREE-PITCH 2

--	--	--

(PRINT AND SIGN NAME PLEASE)

(PRINT AND SIGN NAME PLEASE)

(PRINT AND SIGN NAME PLEASE)

Once completed this Match Return Card should be returned, by the HOST club, to the League's Registration Secretary, in accordance with Standard Code of Rules 11(A),(B)&(C).