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**Wirral District FA**

**Sunday Junior Cup**

Please complete in BLOCK LETTERS in black font or black ink

**Your Club:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date:** |  | **Round:** |  | **Venue:** | | |
| **Home Team:** |  | | | | **Score at Full Time** |  |
| **Away Team:** |  | | | | **Score at Full Time** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Team Details** | | | | | |
| Shirt No. | | Surname | | Forename | | Goals | Min Scored |
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|  | |  | | Own Goals | |  |  |
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| Substitutes | | | | | | | |
| Shirt No | Surname | | Forename | | Goals | Used | Not Used |
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| **Referee Name:** | **Marks: /100** |

**If the marks you have awarded are less than 50, we require detailed, constructive comments in the section below.**





|  |  |
| --- | --- |
| **Signed:** |  |
| **Position:** |  | **Club:** |

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**Please return this completed form to** [**kevin.mighall@sky.com**](mailto:kevin.mighall@sky.com) **within 72 hours of the game being played.**

**Wirraldistrictfa.org**

**Please return this form completed to:** [**Ray.Pullen@CheshireFA.com**](mailto:Ray.Pullen@CheshireFA.com) **within 72 hours of the game being played.**

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