

Form sent in by: _____ (Club)

Date Of Fixture: _____



SCNA - COUNTY LEAGUE - RESULTS FORM - 2024/2025

VENUE: Epsom & Ewell High School, Ruxley Lane, West Ewell, Ewell, Epsom KT19 9JW

HOME TEAM		QUARTERS			
POSITION	NAME OF PLAYER (print full name)	1 st	2 nd	3 rd	4 th
GS					
GA					
WA					
C					
WD					
GD					
GK					
SUB					
SUB					
SUB					
SUB					
SUB					
<i>(please tick quarters played)</i>					

AWAY TEAM		QUARTERS			
POSITION	NAME OF PLAYER (print full name)	1 st	2 nd	3 rd	4 th
GS					
GA					
WA					
C					
WD					
GD					
GK					
SUB					
SUB					
SUB					
SUB					
SUB					
<i>(please tick quarters played)</i>					

FINAL SCORE			
	TEAM NAME	GOALS SCORED	CAPTAIN'S SIGNATURE
HOME TEAM			
AWAY TEAM			

UMPIRES		
	PRINT NAME	SIGNATURE
HOME UMPIRE		
AWAY UMPIRE		

Umpires and Captains must BOTH sign forms to confirm that the above information is correct

GAME MANAGEMENT NOTES							
Qtr	Team	Player Position	Player Name	Action Taken (e.g., caution, warning, suspension, order off)	Reason (e.g., intentional contact)	Umpire Taking Action (Initials)	Co Umpire (Initials)

HOME TEAM TO EMAIL COMPLETED FORM WITHIN 5 WORKING DAYS
 Completed forms to be emailed to: Tina O'Sullivan - tinaosullivan@btinternet.com
 Result only to be emailed to: Barbara Taylor - tallbarb2023@gmail.com

