

# Walsall Junior Youth Football League

President: Roy Whalley    Chairman: H.Fullelove    Vice Chairman: Paul Burgess



[www.wjyl.co.uk](http://www.wjyl.co.uk)

**Home Team:**

**Away Team:**

Age	Division Or Cup	League/Cup	Date
-----	--------------------	------------	------

Reg No.	Print name in full	C/D	Goals	Reg No.	Print name in full	C/D	Goals
			1				
			2				
			3				
			4				
			5				
			6				
			7				
			8				
			9				
			10				
			11				

**SUBSTITUTES** circle player registration number if used

			12				
			13				
			14				
			15				
			16				

**REGISTRATION CARDS MUST BE EXCHANGED PRIOR TO THE GAME See Rule 8K**

**Home Managers Signature**..... **Away Managers Signature**.....

Referees mark must reflect decision making, communication, impartiality, confidence, fitness, positioning, signalling, use of advantage and handling of major incidents.

**Home Team Report**

Our club awards an overall mark of \_\_\_\_ out of 100

**Away Team Report**

Our club awards an overall mark of \_\_\_\_ out of 100

**When the mark is less than 50 please give comments in the relevant box below, along with a letter to Gen Secretary.**

--	--

Signed by \_\_\_\_\_

Signed by \_\_\_\_\_

FINAL SCORE	HOME TEAM -----	AWAY TEAM -----
-------------	-----------------	-----------------

Referee Name: (Block Capitals)	
Referee Signature:	
Date:	Registration Number:

**THIS FORM MUST BE RETURNED TO AGE GROUP SECRETARY (SEE HANDBOOK) BY THE TUESDAY MORNING AFTER THE MATCH**

POSTPONED/ABANDONED REPORTS MUST BE SENT FOR ANY CANCELLED/POSTPONED GAMES ON THE APPROPRIATE FORM

REFEREE TO INDICATE CAUTION/DISMISSAL AGAINST APPROPRIATE PLAYER IN COLUMN C/D