



B2/B3

FIXT	URE: A	A (HC	ME)							V	B (OUT)							
ROUND: VENUE:								DATE:				KICK OF	KICK OFF: hrs					
TEAM A:											TEAM B:							
No	First Nan	ne +	(B2/B3/G	K) 5	Surname		Yellow/ Red	Fouls	Goals	No	First Name +	(B2/B3/GK)	Surna	ame	Yellow/ Red	Fouls	Goals	
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										†						+		
Cap	tain's Sig	gnatı	ıre:	•						Cap	Captain's Signature:							
TECHNICAL STAFF: (Max.5)								TECHNICAL STAFF: (Max.5)										
First Name					Surnam		Role			First Name			Surname		Role			
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										+								
1 <sup>st</sup> Half Fouls: 1.				2. 3.		4. 5.		<del> </del>	1 <sup>st</sup> F	1 <sup>st</sup> Half Fouls: 1.		2. 3.		ΙΔ	4. 5.			
	2 <sup>nd</sup> Half Fouls:		1.		2. 3.		4. 5.				Half Fouls:	1.	2.	3.	4.	5.		
Time-outs:					<del>.</del>	<u> </u>				e-outs:	<b>-</b> •	۷.	<b>J.</b>	T•				
Full Time Score:								Full Time Score:										
Team A Official Signature:										Team B Official Signature:								
			gnatures								Referees Sign	_						

## **OFFICIAL MATCH CARD**

REFEREE PLEASE NOTE: A separate report must be submitted for any red cards issued.