ARUN & CHICHESTER YOUTH FOOTBALL LEAGUE
MATCH RETURN FORM-2012/13 Season

All Areas to be completed

Squad	
Manager	

Reason for cancellation/postponement e.g. insufficient players/weather conditions.	

Fixture Type	League / Challenge / Invitation / County Cup*	Age Group U	
Date of Match			
Home Team		Score	
Away Team		Score	
Referees Name		Mark out of 100	
Club Linesman			

Sportsmanship marks- (out of 100) Behaviour of players – (Out of 50) Behaviour of Match Officials and Spectators – (Out of 50) **Please circle answer:- (1=poor 5=Excellent)** Were Respect Barriers used. Yes/No Did RESPECT handshake take place Yes/No Behaviour of Opposition players. 1 2 3 4 5 Behaviour of Opposition Supporters. 1 2 3 4 5 Behaviour of Opposition Coach/Manager. 1 2 3 4 5 Overall behaviour of both teams. 1 2 3 4 5 Your teams overall enjoyment. 1 2 3 4 5 Did Manager check ID Cards . Yes/No	

Enter the registration numbers in sequence and names of players and substitutes who entered the field of play only.

Registration No.	Players Name	Goals Scored