

# T.C.HARRISON FORD



HUNTINGDONSHIRE

MINI SOCCER LEAGUE

## RESULT CARD

COMPETITION		UNDER:
TIME OF K.O.	Date:	FULL TIME SCORE
HOME TEAM		(            )
AWAY TEAM		(            )
REFEREE'S NAME		

NAME (GIVE INITIALS AND SURNAME)		REG. No.
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
<b>SUBSTITUTES:</b>		
U7 = Max 5		
U8 = Max 5		
U9 = Max 6		
U10 = Max 7		
U11 = Max 7		
<b>FAIR PLAY MARK:</b>	<b>1 - 10</b>	<b>PTS</b>
<b>MANAGER'S NAME:</b>		
<b>CLUB:</b>		

This Result Card must reach Registration Secretary within 4 days of match (Sunday not included) if posting.  
 or  
 Please email this Result Card to arrive by Monday morning following the match: [huntsminileague@googlemail.com](mailto:huntsminileague@googlemail.com)