

THE SILLS & BETTERIDGE

LINCOLN & DISTRICT SUNDAY FOOTBALL LEAGUE

CLUB NAME			
FIXTURE	v		
DIVISION/CUP		DATE:	
KICK OFF TIME		RESULT:	

	PLAYERS FIRST NAME	SURNAME			GOALS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

1 2

* Substitutes – Please tick box 1 if sub played and show in box 2 the number of the player he replaced.

Own goals scored by the opposition

LEADING GOAL SCORERS (League Only)

	NAME	GOALS
1		
2		

CERTIFIED CORRECT:

SENDERS NAME:

REFEREE'S MARKING

MARK /100			
FIXTURE	v		
REF'S NAME			
DIV/CUP		DATE:	
SENDERS NAME		CLUB:	

THIS FORM MUST BE COMPLETED FULLY AND SENT TO THE LEAGUE REGISTRAR WITHIN 5 DAYS OF THE MATCH. E.Mail lincolnsundayregistrar@outlook.com