



**Competition:**

**Home Team:**

**Away team:**

**Venue:**

**Date:**

**Kick-Off:**

**Details of team representing:**

No.	Name	Player Registration Number (Address required if trialist)	D.O.B
S			
S			
S			
S			
S			
S			
S			
Club Secretary or Accredited Official:			
Referee:			

<b>Result:</b>	Half Time:	Full Time:	After Extra Time:	Penalties:
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**Substitutions:**

Player No: \_\_\_\_\_ Substituted for Player No: \_\_\_\_\_ Time \_\_\_\_\_  
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 Player No: \_\_\_\_\_ Substituted for Player No: \_\_\_\_\_ Time \_\_\_\_\_

**Technical Area Form (excluding substitutes named above)**

No	Name	Designation

**Home Team And Referee**

07745 893 771 - Please text result to the mobile as soon as the match has finished.

Travel expenses received: £

**Return to:-**  
 Gary McClelland,  
 284 Colinton Mains Road,  
 Edinburgh, EH13 9BS  
[Gary\\_McClelland\\_44@hotmail.com](mailto:Gary_McClelland_44@hotmail.com)

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Referee please send the teamlines by email or post to Gary McClelland, 284 Colinton Mains Road, Edinburgh, EH13 9BS  
[Gary\\_McClelland\\_44@hotmail.com](mailto:Gary_McClelland_44@hotmail.com)

