Competition		**Round:**
Date:	**Venue:**	**Kick-off:**
Home Club (A):	**Away Club (B):**	
Team Information For:		

Players						**Goals**		
Shirt Number	First Name	Surname	Capt. X	Reg. No. or D.O.B.	Trialist X	Scorer X	Time of Goal(s)	Kick from Pen Mark
Sub								
Sub								
Sub								
Sub								
Sub								
Sub								
Sub								

Technical Area (6 individuals in addition to named substitutes)		
	Name	Designation
1		
2		
3		
4		
5		
6		

Substitutions		
Off No.	On No.	Time

Result	Team A	Team B
H-T Score		
F-T Score		
AET		
Kicks from Pen Mark		

Match Officials	
Referee	
Assistant Referee 1	
Assistant Referee 2	
Fourth Official	

Club Official's Signature: _____

Referee's Signature: _____

Notes **Club**

One copy to Referee
One copy to Opponents
One copy to be retained by Club

Forms to be handed over to Referee and Opponents 45mins for SWPL matches/ 30mins for SWFL matches before kick-off
Trialist / Non registered player: Date of Birth to be provided on form

Referee

To be submitted to Lorna Cameron, League Administrator at;
Scottish Football Association, Hampden Park, Glasgow, G42 9AY
Within 3 days