**KENT FA MATCH REPORT FORM**

This form must be completed & returned to the Competitions Administrator within three days of the match. PLEASE COMPLETE IN BLOCK LETTERS (Please write in ink) The ‘HOME’ club must telephone or email the result within 2 hours of the match (number on the footer below)

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| --- | --- |
| **Club Name** |  |
| **Played At** |   | **Match Date** |   |
| **Competition Name** |   | **Comp Round** |   |
| **Match** |   | **vs.** |   |
| **Goals** |   | **Goals** |   |
| **Referee** |   | **Official Mark** |   |
| **A Mark of 60 (Sixty) or less must be accompanied by a written explanation.** |
| **Shirt No.** | **Player Name** |
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|   | **Nominated Substitutes** | **Replaced** |
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| **Signed** |   | **Secretary** |   |