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**CROWBOROUGH & DISTRICT JUNIOR FOOTBALL LEAGUE**

 **MINI-SOCCER MATCH RETURN FORM**

|  |  |
| --- | --- |
| Age Group  | Choose an item. |

|  |  |
| --- | --- |
| Team H1 |  |
| Team H2 |  |
| Team V1 |  |
| Team V2 |  |

|  |  |
| --- | --- |
| Form filled in by |  |
| From which team |  |
| Date of fixture |  |
| Name of 1st Aider |  |

|  |
| --- |
| PLAYERS  |
|  | HOME 1: | HOME 2: | VISITOR 1: | VISITOR 2: |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| Have you agreed to swap players between teams during the break in fixtures? | No |

(When entering players names, both Christian name and Surname must be entered.)

|  |  |
| --- | --- |
|  | Results |
| H1 vs V1 |  |
| H2 vs V2 |  |
| H1 vs V2 |  |
| H2 vs V1 |  |

|  |  |
| --- | --- |
| Was there a respect barrier in use? |  |
| Was first aid needed?  |  |
| For which team? |  |
| Was there a first aid kit? | Choose an item. |

|  |  |  |  |
| --- | --- | --- | --- |
| Sportsmanship Out of 10(10 = Exemplary 1=Unacceptable)  | Players | Officials(opposition manager/ coach not referees) | Supporters |
| H1 | 10 | 10 | 10 |
| H2 | 10 | 10 | 10 |
| V1 | Choose an item. | Choose an item. | Choose an item. |
| V2 | Choose an item. | Choose an item. | Choose an item. |

NB: ONLY COMPLETE FOR YOUR OPPOSITION

|  |
| --- |
| **Comments:** |

RETURN BY 6PM WEDNESDAY AFTER MATCH TO REGISTRATION SECRETARY BY EMAIL TO

cdjflminisoccerreturn@outlook.com