**BOLTON OVER 35s VETERANS FOOTBALL LEAGUE**

CUP / DIV VENUE

DATE OF GAME LATE KICK OFF: YES / NO

RESPONSIBLE:- HOME / AWAY / BOTH

Score Score

HOME TEAM AWAY TEAM

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| Goals | Home Team | Away Ream | Goals |
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REFEREE’S MARK 1 - 10

SPORTSMANSHIP 1 - 10

HOME SECRETARY

AWAY SECRETARY

REFEREE (NAME )

MATCH BALL YES / NO CORNER FLAGS YES / NO

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REFEREE’S MARK 1 - 10

SPORTSMANSHIP 1 - 10

HOME SECRETARY

AWAY SECRETARY

REFEREE (NAME )

MATCH BALL YES / NO CORNER FLAGS YES / NO

**Please Note – Rule 23**

Player names must be filled in before the match starts and the card completed with scores and scorers at the end of the game.

A photograph of the completed card must be sent by



**WhatsApp** to the Registration Secretary

**AAMAR AHMED 07976 365317**

by 6.30pm (9.00pm for mid-week games) on the day of the match

or a fine of £10 will be imposed.

The paper copy of the match card

must be handed in at the League Meeting.

Please use the space below to assist the Press Secretary

to produce the weekly report.

**Report**

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**Report**