

ALDI MINIROOS 8's & 9's



DATE

AGE

KICK OFF TIME :

DIVISION/ COLOUR

VENUE



Home Team				Away Team			
Shirt#	Surname (PRINT)	Rego. #	Goal(s)	Shirt#	Surname (PRINT)	Rego. #	Goal(s)
OWN GOALS FOR:		FINAL SCORE:		OWN GOALS FOR:		FINAL SCORE:	



Football West
 PO Box 214, Maylands
 Western Australia 6931
 Tel: +61 8 6181 0700
 Fax: +61 8 9271 7299

Please fill in this section of the card. Clubs will be fined if this section is not completed as per competition rules.

Pre-printed squads which have been stuck to a match card will be deemed to be the official team list, and no concession will be given to any inaccuracies in that pre-printed list.

- Signed by both teams
- Postmarked no later than Tuesday following match completion
- Posted to Football West PO Box 214, Maylands WA 6931 OR
- Lodged at Football West Office, Unit 94/262 Lord Street, Perth WA 6000

CONFIRMATION OF COMPLETED GAME

We, being representatives of the Home and Away Teams, confirm the information provided on this match card is a complete and accurate record of the game that has taken place on match day.

TEAM MANAGER TO SIGN

HOME _____

AWAY _____

NAMED TEAM OFFICIALS

HOME	COACH	AWAY
HOME	ASST. COACH	AWAY
HOME	OTHER	AWAY

REFEREES ONLY

Referee Name: _____

Phone Number: _____

GAME DURATION: (additional time is not allowed)

U8: 2 x 20 minute halves

U9: 2 x 20 minute halves

Match Details or incidents: