Wallasey Junior Football League Season 2020.21

Reg No	Surname	Intl
	(Alphabetical Order Only)	

Results to be sent to the
Fixture Secretary, **as shown on WJFL website**

Sheet to be sent within 4 days of match
Before Wednesday midnight
To The Records Secretary Stu Tomlinson
19 Sandcliffe Road, Wallasey CH45 3JH
email: stutom@hotmail.com
Phone: 07794 632651

Age Group ____ Match Date ____

Reg Cards Exchanged (Y/N) ____
Respect barriers (Y/N) ____

Match Confirmed (Y/N) ____
(Minimum 96 hours before game)

Score

Your Team Name ____ ____

Opponents Name ____ ____

Venue ____ K.O. Time ____

Competition: League ____

Cups: K.O. ____ Challenge ____ President's ____

Official Referee (Y/N) ____ Referees Name ____

Referee confirmed by home team (Y/N) ____ Marks (Out of 100) ____

Your Player of the match ____
(Selected by opposition)

Opponents Player of the match ____
(Selected by you)

Lanyards worn by opposition Manager/Assistant? Y/N ____

Sporting Attitude of Opposition & Supporters
Team (out of 5) ____ Supporters (out of 5) ____

Comments ____

Signed ____

Print ____