



FOOTBALL ASSOCIATION OF IRELAND

CUMANN PEILE NA Heireann

FAI Intermediate Cup

Round: _____



A. _____ (Home Team)	V	B. _____ (Away Team)	<p style="text-align: center; margin: 0;">PLAYING TIME</p> <p>90 mins unless otherwise stated</p> <p>Men's</p> <p>Youth Cup - ET - 10 mins e/w</p> <p>U17 Cup - ET - 10 mins e/w</p> <p>Intermediate Cup - ET - 15 mins e/w</p> <p>Junior Cup - ET - 10 mins</p> <p>For other Competitions, please consult Competition Rules</p> <p>Matches drawn after extra-time shall be decided by kicks from the Penalty mark as per FIFA Penalty Kicks rule.</p>
Ground _____			
Date _____ at _____ hours			
Full Time Score:	Home Team <input style="width: 40px;" type="text"/>	Away Team <input style="width: 40px;" type="text"/>	
Score A.E.T.:	Home Team <input style="width: 40px;" type="text"/>	Away Team <input style="width: 40px;" type="text"/>	
Penalties:	Home Team <input style="width: 40px;" type="text"/>	Away Team <input style="width: 40px;" type="text"/>	
Referee _____			
Assistant Referee 1 _____			
Assistant Referee 2 _____			
Fourth Official _____			

Players	HOME TEAM		Referee Use Only		
No.	Surname	First Name	YC	RC*	Goals

Substitutes							
No.	Surname	First Name	Replaced	Time	YC	RC*	Goals

TECHNICAL STAFF			*Please provide supplementary report for any expulsions
No.	Surname	First Name	Role
1			Manager/Head Coach
2			
3			
4			
5			
			Doctor

Manager's Signature: _____

It is IMPERATIVE that this Report is sent to the FAI via email (cupcompetitions@fai.ie) as a scan or clear image immediately after the fixture and no later than 24 hours following the fixture - email is **REQUIRED. Please contact the FAI immediately at the above email address if you have issues submitting the report.**



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FAI Intermediate Cup

Round: _____



A. _____ V B. _____ (Home Team) (Away Team)	Ground _____ Date _____ at _____ hours Full Time Score: Home Team <input type="text"/> Away Team <input type="text"/> Score A.E.T.: Home Team <input type="text"/> Away Team <input type="text"/> Penalties: Home Team <input type="text"/> Away Team <input type="text"/> Referee _____ Assistant Referee 1 _____ Assistant Referee 2 _____ Fourth Official _____	<p style="text-align: center;">PLAYING TIME</p> <p style="text-align: center;">90 mins unless otherwise stated</p> <p>Men's Youth Cup - ET - 10 mins e/w U17 Cup - ET - 10 mins e/w Intermediate Cup - ET - 15 mins e/w Junior Cup - ET - 10 mins e/w</p> <p>For other Competitions, please consult Competition Rules</p> <p>Matches drawn after extra-time shall be decided by kicks from the Penalty mark as per FIFA Penalty Kicks rule.</p>
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Players	AWAY TEAM		Referee Use Only		
No.	Surname	First Name	YC	RC*	Goals

Substitutes					
No.	Surname	First Name	Replaced	Time	Goals

TECHNICAL STAFF			*Please provide supplementary report for any expulsions
No.	Surname	First Name	Role
1			Manager/Head Coach
2			
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