

FOOTBALL ASSOCIATION OF IRELAND

CUMANN PEILE NA Heireann

FAI Intermediate Cup Round:



A	(Home Team)	V B			9	0 min		AYING ess ot		se state	ed	
Cua una d			(Away Team)		Men's	5		- 10 r				
					U17 (Cup -	ET -	10 mi	ins e/\		e/w	
Date	ne Score: Home T		hour Away Team	S	Junio	r Cup	- ET	- 10	mins			
Full Tin		For other Competitions, please consult Competition Rules										
Scor	re A.E.T.: Home T	eam	Away Team				·					
Penalties: Home Team			Away Team Matches drawn after e be decided by kicks fro mark as per FIFA Pena						from	the Per	nalty	
	Referee				IIIai	k as į	Jei i	IIAFC	папсу	KICKS I	uie.	
Assistar												
Assistar	nt Referee 2											
	urth Official											
Players	н		Referee Use Only									
No.	Surname		First Name		YC			RC*		Goals		
Substitutes No. Surname First Name						Tir	no l	Y	<u> </u>	RC*	Goals	
NO.	Surname		riist Naille	Re	placed	111	iie			KC.	Guais	
TECHNICAL STAFF					*Please provide supplementary report for any expulsions							
No. Surname			First Name				Role					
1							Ma	ınagı	er/H	ead (Coach	
3												
4												
5												
									Doc	tor		
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.



FOOTBALL ASSOCIATION OF IRELAND

CUMANN PEILE NA Heireann

FAI Intermediate Cup Round:



Α	(Home Team)	V	В	(Away Tean	n)	——————————————————————————————————————	90 min		AYING less oth		e state	ed		
Ground				(/way real	•,	Mei You	th Cup	– ET	- 10 n	nins e/	'w			
Date				ŀ	ourc	Inte	7 Cup – ermedia	ite C	up - ET	Г - 1 [′] 5 г	mins e	e/w		
		lawa Taawa					ior Cup				,			
Full Time Score: Home Team Away Team						For other Competitions, please consult Competition Rules								
Score A.E.T.: Home Team Away Team						M	atches	draw	n after	extra-	time s	shall		
F	Penalties: H	lome Team		Away Team			decide ark as							
	Referee							•		,				
Assistar														
Assistar	nt Referee 2													
Fo	urth Official													
Players	AWAY TEAM						Referee Use Only							
No.	Surnai	me		First Name		Y	<u> </u>		RC*		Go	oals		
Substitu												I		
No.	Surnai	me		First Name	F	Replace	d Tir	ne	YC]	RC*	Goals		
TECHNIC	CAL STAFF					*Plea	se pro fo		supple y expu			eport		
No.	Surname			First Name			Role							
2								Ma	anage	er/He	<u>ad (</u>	Coach		
3														
4														
5										Doct	or			
Manager's	Signature:									2000	.01			

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