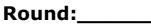


## FOOTBALL ASSOCIATION OF IRELAND

CUMANN PEILE NA Heireann

## **FAI Junior Cup**





A			V	В.				00 main	PLAY					
	(Home Team)				(Away Team	)		90 min <u>n's</u>					ea	
Ground							U1	uth Cup 7 Cup –	ET - 1	0 mir	ns e/v	v		
Date				at	h	ours		ermedia nior Cup				mins e	/w	
Full Time Score: Home Team				Away Team Fo			For other Competitions, please consult							
Score A.E.T.:		Home Team			Away Team		M	Competition Rules drawn after extra-time shall						
I	Home Team Away Team					b	e decide	d by ki	icks f	from t	he Pen	alty		
Referee Referee									uic.					
Assistant Referee 1														
Assistant Referee 2														
Fourth Official														
Players							Referee Use Only							
No.	Surname			First Name			Y	F	RC*			Goals		
Substitu														
No.		ame			First Name		Replace	ed Tir	ne	YC	2	RC*	Goals	
						-								
							*Plea	ise prov	vide si	Joble	emer	itary n	eport	
<b>TECHNICAL STAFF</b> *Please provide supplementary report for any expulsions										opore				
<b>No.</b> 1	Surname			First Name				Role Manager/Head Coach						
2									1101	age	~1/11		Jouch	
3														
4														
5											Doc	tor		
Manager's Signature:														

It is IMPERATIVE that this Report is sent to the MFA via email (<u>faicupsmfa@gmail.com</u>) as a scan or clear image immediately after the fixture and no later than 24 hours following the fixture - email is <u>REQUIRED</u>. Please contact the MFA immediately at the above email address if you have issues submitting the report.



## FOOTBALL ASSOCIATION OF IRELAND

CUMANN PEILE NA Heireann

## **FAI Junior Cup**





A V B (Away T	PLAYING TIME 90 mins unless otherwise stated								
	Youth Cup – ET - 10 mins e/w								
Ground	U17 Cup – ET - 10 mins e/w Intermediate Cup - ET - 15 mins e/w								
Dateat	hoursJunior Cup - ET - 10 mins e/w								
Full Time Score: Home Team Away Tea	Competition Rules								
Score A.E.T.: Home Team Away Tea	am Matches drawn after extra-time shall								
Penalties: Home Team Away Tea									
Referee									
Assistant Referee 1									
Assistant Referee 2									
Fourth Official									
Players TEAM NAME:	Referee Use Only								
No. Surname First Nam	ne YC RC* Goals								
Substitutes									
No.SurnameFirst Nam	1e Replaced Time YC RC* Goals								
TECHNICAL STAFF	*Please provide supplementary report								
	for any expulsions     First Name   Role								
1	Manager/Head Coach								
2 3									
4									
5									
Manager's Signature:	Doctor								

It is IMPERATIVE that this Report is sent to the MFA via email (<u>faicupsmfa@gmail.com</u>) as a scan or clear image immediately after the fixture and no later than 24 hours following the fixture - email is <u>REQUIRED</u>. Please contact the MFA immediately at the above email address if you have issues submitting the report.