



FOOTBALL ASSOCIATION OF IRELAND

CUMANN PEILE NA Heireann

FAI Junior Cup

Round: _____



A. _____ V B. _____
 (Home Team) (Away Team)

Ground _____

Date _____ at _____ hours

Full Time Score: Home Team Away Team

Score A.E.T.: Home Team Away Team

Penalties: Home Team Away Team

Referee _____

Assistant Referee 1 _____

Assistant Referee 2 _____

Fourth Official _____

PLAYING TIME

90 mins unless otherwise stated

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

For other Competitions, please consult Competition Rules

Matches drawn after extra-time shall be decided by kicks from the Penalty mark as per FIFA Penalty Kicks rule.

Players No.	TEAM NAME:		Referee Use Only		
	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			
3			
4			
5			
			Doctor

Manager's Signature: _____

It is IMPERATIVE that this Report is sent to the MFA via email (faicupsmfa@gmail.com) 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 MFA immediately at the above email address if you have issues submitting the report.



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Round: _____



A. _____ (Home Team)	V	B. _____ (Away Team)	<p style="text-align:center;"><u>PLAYING TIME</u></p> <p>90 mins unless otherwise stated</p> <p><u>Men's</u> 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>
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 _____			

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

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