

FOOTBALL ASSOCIATION OF IRELAND

CUMANN PEILE NA Heireann

FAI Youth Cup

Round:_____



A	(1)		V	В		<u></u>		90 min			<u>TIME</u> herwis	se state	d		
	(Home Team)				(Away Team)	<u>Me</u> You	n′s							
Ground					U1	Youth Cup – ET - 10 mins e/w U17 Cup – ET - 10 mins e/w Intermediate Cup - ET - 15 mins e/w									
Date				at	h	ours		nior Cup					/ //		
Full Time Score: Home Team				Away Team		For other Competitions, please cons						nsult			
Score A.E.T.: Home T			Team	m Away Team				Competition Rules Matches drawn after extra-time shall							
Penalties: Home Tea			Team		Away Team				be decided by kicks from the Penalty mark as per FIFA Penalty Kicks rule.						
	Referee								per i ii		indicy	INICKS I	uic.		
Assistar															
Assistar															
Players		ŀ	юм		1		Referee Use Only								
No.	Surname				First Name		Y	С	RC* Goa				bals		
Substitu	tos														
No. Surname				First Name	R	eplace	ed Tir	ne	Y	2	RC*	Goals			
						-									
						_	* DI								
TECHNICAL STAFF						*Plea	se pro fo	r any i				eport			
No. Surname			First Name				Role Manager/Head Coach								
1 2									Mar	nage	er/H	ead C	Joach		
3															
4															
5															
Manager's	Signature:										Doc	τοι			

It is IMPERATIVE that this Report is sent to the FAI via email (<u>cupcompetitions@fai.ie</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 FAI immediately at the above email address if you have issues submitting the report.



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A	(Home Team)	В	Away Team	1)	_			AYING less ot		se state	ed	
Ground		·	Away rean	')	Yo	<u>en's</u> uth Cup) – ET	- 10 ı	mins e	e/w		
Date			h	ourc	Int	7 Cup ermedi	ate C	up - E	T - 15	mins e	e/w	
					Ju	nior Cu	5 – E1	Γ – 10	mins	e/w		
Full Time Score: Home Team Away Team					For other Competitions, please consult Competition Rules							
Scor	e A.E.T.: Home Team		Away Team				draw	n after	r extra	a-time s	shall	
Penalties: Home Team Away Team						e decid nark as						
	Referee				_							
Assistar	t Referee 1				_							
Assistar	Assistant Referee 2											
Fourth Official												
Players		(TEAM			Referee Use Only							
No.	Surname	First	Name		Y	C		RC*	:	G	bals	
							_					
							_					
Substitu	tes					·				·		
No.	Surname	First Name			Replaced Tin		me	ne YC		RC*	Goals	
TECHNICAL STAFF					*Please provide supplementary report for any expulsions							
No. Surname First Nam			t Nam									
1							Manager/Head Coach					
2							<u> </u>					
4												
5												
									Doc	tor		
Manager's	Signature:											

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