

FOOTBALL ASSOCIATION OF IRELAND

CUMANN PEILE NA Heireann

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	(Home Team)			(Away Team)		Men's					su			
Ground						U17 C	up –	ET - 10	10 mins	e/w				
Date			at _	ho	urs	Intern	nedia			15 mins npetition				
Full Tin	ne Score:	Home Team		Away Team		Wome U14 C	up –	70mins	s / ET -	10 mins	e/w			
Scor	e A.E.T.:	Home Team		Away Team U16 Cup				ET - 10	mins 6	e/w	e/w			
F	Penalties:	Home Team		Away Team		Intermediate – ET - 10 mins e/w								
	Referee					For other Competitions, please const Competition Rules								
Assistar	nt Referee 1					Matches drawn after extra-time shall be decided by kicks from the Penalty								
Assistar	nt Referee 2									ty Kicks r				
Fo	urth Official													
Players		НОМ	E TEAM	1			Ref	eree	Use (Only				
No.	Surn	ame		First Name				RC*		G	Goals			
	5 from 7	– Mens (Intermed	diate. You	ith, U17), Womens (U	18)									
Substitu	i tes Roll on/o	ff - Women's (U1	4, U16)				l·		\ <u>'</u>	D.C*	0.1			
No.	Surn	ame		First Name	Re	placed	Tim	ie	YC	RC*	Goals			
TECHNIC	CAL STAFF				*	Please			pplem expulsi	entary r	eport			
No.		ırname		First	Name			-	R	Role				
1								Man	ager/	Head (Coach			
3														
4														
5														
									Do	octor				
Manager's	Signature:													
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A	(Home Team)	В	(Away Team))				AYING ess ot		se state	ed		
Ground			(1, 11,		Men's Youth	Cup	– ET	- 10	mins e	e/w			
Date		at	ho	ours	U17 C Intern		te C	up*- E	T - 15	w 5 mins etition			
Full Tin	ne Score: Home Team		Away Team		Wome		70m	nins / I	· FT - 1	0 mins	e/w		
Sco	re A.E.T.: Home Team		Away Team		U14 Cup - 70mins / ET - 10 mins e/w U16 Cup - 80mins / ET - 10 mins e/w U18 Cup - ET - 10 mins e/w								
ſ	Penalties: Home Team		Away Team		Intern								
·			_		For other Competitions, please consult Competition Rules								
Assistar	Referee nt Referee 1				Matches drawn after extra-time shall								
	nt Referee 2				be decided by kicks from the Penalty mark as per FIFA Penalty Kicks rule.								
	urth Official												
Players	AWAY	/ TEAI	М			Ref	ere	e Us	e Or	nly			
No.	Surname		First Name		YC			RC*			Goals		
Substitu	5 from 7 – Mens (Intermed Roll on/off – Women's (U1:		uth, U17), Womens (l	J18)	L								
No.	Surname	7, 010)	First Name	Re	placed	Tin	me YC		С	RC*	Goals		
<u></u>													
TEGUNIT				*	Please	•				•	eport		
TECHNICAL STAFF No. Surname First Nan			Name	for any expulsions Role									
1		Hame				Manager/Head Coach							
2													
3 4													
5													
									Doc	tor			
Manager's	Signature:												