



FOOTBALL ASSOCIATION OF IRELAND
CUMANN PEILE NA Heireann



FAI _____

<p>A. _____ V B. _____ (Home Team) (Away Team)</p> <p>Ground _____</p> <p>Date _____ at _____ hours</p> <p>Full Time Score: Home Team <input type="text"/> Away Team <input type="text"/></p> <p>Score A.E.T.: Home Team <input type="text"/> Away Team <input type="text"/></p> <p>Penalties: Home Team <input type="text"/> Away Team <input type="text"/></p> <p>Referee _____</p> <p>Assistant Referee 1 _____</p> <p>Assistant Referee 2 _____</p> <p>Fourth Official _____</p>	<div style="border: 1px solid black; padding: 5px;"> <p align="center"><u>PLAYING TIME</u></p> <p>90 mins unless otherwise stated</p> <p>Men's Youth Cup – ET - 10 mins e/w U17 Cup – ET - 10 mins e/w Intermediate Cup* - ET - 15 mins e/w *See Competition Rules</p> <p>Women's U14 Cup – 70mins / ET - 10 mins e/w U16 Cup – 80mins / ET - 10 mins e/w U18 Cup – ET - 10 mins e/w Intermediate – ET - 10 mins e/w</p> <p align="center">For other Competitions, please consult Competition Rules</p> <p align="center">Matches drawn after extra-time shall be decided by kicks from the Penalty mark as per FIFA Penalty Kicks rule.</p> </div>
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Players	AWAY TEAM		Referee Use Only		
No.	Surname	First Name	YC	RC*	Goals

Substitutes		5 from 7 – Mens (Intermediate, Youth, U17), Womens (U18) Roll on/off – Women's (U14, U16)					
No.	Surname	First Name	Replaced	Time	YC	RC*	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 forwarded to the Competitions Department of the FAI immediately by e-mail (cupcompetitions@fai.ie) or by post to Competitions Department, FAI, National Sport Campus, Abbotstown, Dublin 15 within 24 hours.