

EASTERN COUNTIES YOUTH – COMPETITION MATCH CARD 2007/8

Competition: U17/19* CUP/SHIELD* (*delete as necessary)

Match Date: _____ **Venue:** _____

HOME TEAM (NAME):				AWAY TEAM (NAME):		
SURNAME (CAPITALS)	FORENAME (CAPITALS)	RFU Reg. No.		RFU Reg. No	SURNAME (CAPITALS)	FORENAME (CAPITALS)
			1			
			2			
			3			
			4			
			5			
			6			
			7			
			8			
			9			
			10			
			11			
			12			
			13			
			14			
			15			
			16			
			17			
			18			
			19			
			20			
			21			
			22			

Home Score: _____ **Away Score:** _____

<p><u>MATCH OFFICIAL</u> Signed : _____ Name (printed): _____</p>	<p><u>HOME TEAM OFFICIAL</u> Signed : _____ Name (printed): _____</p>	<p><u>AWAY TEAM OFFICIAL</u> Signed: _____ Name (printed): _____</p>
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HOME TEAM to e-mail or post completed form to Lisa by the Wednesday following the match – ECRU Ltd, Tomo Industrial Est., Stowmarket IP14 5AY e-mail: lisagreetham@btconnect.com