

# MATCH INFORMATION SHEET



Your team name:		Opponents team name:	
Venue:	Kick-off time:	Date:	
Half-time score:    ____ ____	Full-time score:    ____ ____	Competition: <b>Bob Bamford U19s Tournament 2025</b>	

[illegible]

**\*Referees please note: A separate match report should be completed for offence codes R4 and R10 - R15 describing the full facts of the incident.**

Team officials	
Role	Name

Match officials	
Role	Name
Referee	
Assistant referee	
Assistant referee	

Home team officials' signature:
Away team officials' signature:
Match referee's signature:

**Please hand this Match Information Sheet into the kiosk at Maidstone Clubrooms after each match.**