

EAST HAM MEMORIAL HOSPITAL CHARITY FOOTBALL CUP COMPETITION

RESULT SHEET

Round: _____

Name of Club: _____

Date of Match: _____

Home Team: _____ F.C. Goals: _____

Away Team: _____ F.C. Goals: _____

**CLUBS MUST GIVE REFEREE'S/ASSISTANTS MARKS OUT OF 100 IN
ACCORDANCE WITH INSTRUCTIONS**

Referee Name: _____ Mark: _____

1st Assist. Name: _____ Mark: _____

2nd Assist. Name: _____ Mark: _____

Team (BLOCK LETTERS)

1) _____

8) _____

2) _____

9) _____

3) _____

10) _____

4) _____

11) _____

5) _____

sub 1) _____

6) _____

sub 2) _____

7) _____

sub 3) _____

Signed on behalf of: _____ F.C.