

## **Inner London Football League - Match Card** (2018/19)



Home Te	am:	Away Team:	Away Team:					
Home Te	am Score:	Away Team Sco	Away Team Score:					
Fixture D	ate:	Kick Off Time:		□ AM □ :		$\square$ PM		
Reporting	g Club:	Tick if Cup Gam	ie:					
Tick if Started	Tick if Substitute	Player ID's & names in <b>FULL</b> , including all substi	tutes G	oal(s)	Yellow Card(s)	Red Card		
	•	uring the game including reasons for any late starts on the back of th report <b>must</b> be submitted (the report and marking guidelines are ave		-				
Opposition	on Manager:	Signature:	Signature:					
Reporting	g Manager:	Signature:	Signature:					
Opposition	on Man of th	e Match (FULL Name):						
Referee's	Name:	Referee's Perform	Referee's Performance Rating (1 - 100):					
Tick if di	fferent from	appointed referee:	Contact no. if different:					
Note: If the	officiating refere	e is different from the appointed referee for any reason, you MUST p	provide their	full nar	ne and conta	ct number		

WARNING: Incomplete, Inaccurate, Illegible or Late cards will result in an automatic penalty fine!

Results must be reported **on match day** by **text** to the automated ILFL Results Line on **07860 017 425**. Text *help [your optional email address]* to **07860 017 425** for detailed instructions on the format of the text message. Completed match cards must be returned by **email only** to **results@ilfl.org** and arrive by no later than 7:00pm **three** days after the match.

Failure to do either may result in automatic fines for each offence. For any issues on match days, contact Rashid 07944 077 438.



## **Inner London Football League - Match Card** (2018/19)



Home Te	eam:		Away Team: Away Team Score:					
Home Te	eam Score:							
Fixture D	Date:		Kick Off Time:	$\square$ AM $\square$ F				
Reporting	g Club:		Tick if Cup Game:					
Tick if Started	Tick if Substitute	Player ID's & names in FULL, i	ncluding all substitutes	Goal(s)	Yellow Card(s)	Red Card		
		luring the game including reasons for any lat s report <b>must</b> be submitted (the report and m						
Opposition Manager:			Signature:					
			Signature:					
Opposition	on Man of th	e Match (FULL Name):						
Referee's	Name:		Referee's Performance Rating (1 - 100):					
Tick if different from appointed referee: $\Box$			Contact no. if different:					

Note: If the officiating referee is different from the appointed referee for any reason, you MUST provide their full name and contact number

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