

SCOTTISH UNIVERSITIES ASSOCIATION FOOTBALL

COMPETITION

MATCH DATE

AT KICK-OFF

DETAILS OF TEAM REPRESENTING F.C.

NO.	NAME (PLEASE PRINT)	CLUB REG NO. (e.g. Abdn. 1)	yellow card	red card
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
14				
15				
16				
17				

Club Secretary or Accredited Official

Result:-

..... F.C.

..... F.C.

Full Time

.....

.....

After

extra time

.....

.....

Kicks from

Penalty Mark

..... goals

..... goals

Substitutions: Player No. Substituted for Player No. in minute

Player No. Substituted for Player No. in minute

Player No. Substituted for Player No. in minute

Referee

.....

**1ST AND 2ND COPY TO
REFEREE –
CLUB TO RETAIN
LAST COPY**

TECHNICAL AREA FORM

Name	Designation
1.	
2.	
3.	
4.	
5.	
SUBSTITUTES AS ABOVE	

PLEASE RETURN TO:

**SUS,
1st Floor,
48 Pleasance,
EH8 9TJ.**

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