



Cumann Peil Gael na mBan



CORK LADIES GAELIC FOOTBALL ASSOCIATION

REFEREE'S NAME: _____

COMPETITION: _____ GRADE: _____ Team A _____ v Team B _____

VENUE: _____ Date: ___/___/___ Time: _____

| H/t Score | Team A | Goals | Points | Team B | Goals | Points |
|-----------|--------|-------|--------|--------|-------|--------|
| F/t Score | | Goals | Points | | Goals | Points |

Details of Players Cautioned (YELLOW CARD) OFFICIAL GUIDE RULE 401

| | PLAYER | CLUB | OFFENCE & Rule |
|---|--------|------|----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Details of Players Ordered OFF the Field (RED CARD) OFFICIAL GUIDE RULE 402 & CODA

| | PLAYER | CLUB | OFFENCE & RULE– details continued overleaf |
|---|--------|------|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |

SUBSTITUTES Used:

| | CLUB | PLAYER ON | PLAYER OFF |
|---|------|-----------|------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

INJURIES:

| | PLAYER | CLUB | NATURE OF INJURY | Continued to Play Yes or No |
|---|--------|------|------------------|-----------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

Pitch Markings – comments _____

Other Remarks (continue overleaf if necessary) _____

Match Expenses Received: Team A Yes/No Team B Yes/No

Team Sheets Received: Team A Yes/No Team B Yes/No

Signed: _____ Date: _____

Please return the match report with team lists/substitute slips to Cork LGFA Secretary via post to Claire Carroll, Glengarriffemore, Leamlara, Co.Cork or scan and email to secretary.cork@lgfa.ie

If needed to be referred to CODA, email to coda.cork@lgfa.ie within 48hrs of the match

If there are injuries, copy corklgfainjuryfund@gmail.com or post a copy to Marian Crowley, Dunboy, Dromree, Macroom P12TK22