World Amputee Football Federation

Match:

Main referee: ……..…….……

Assistant referee: ……...……..

Technical referee: ……..……

.

MATCH REPORT

	:		
Date	Hours	City	Name of Stadium

Home team	Visiting team

Result ☐ : ☐

Half-time score ☐ : ☐

…… **Colour's** ……

No	Full name & Surname	gk/cp
Substitution Players		
Training Staff		
Head Coach		
Second Coach		
Physio		

No	First name & Surname	gk/cp
Substitution Players		
Training Staff		
Head Coach		
Second Coach		
Physio		

…… Captain Signatures ……

…… Manager Signatures ……

Medical care
Stamp or no. of permission

Signature……

Verified by

RESULT [ ] : [ ]

Goals scorers

Player number	First name & Surname	Team	Minute	Result	Type of goals (A – standard, B – own goal, C – penalty kick)

SUBSTITUTIONS HOME TEAM

lp	min	players numbers		lp.	min	players numbers	
1		-	+	12		-	+
2		-	+	13		-	+
3		-	+	14		-	+
4		-	+	15		-	+
5		-	+	16		-	+
6		-	+	17		-	+
7		-	+	18		-	+
8		-	+	19		-	+
9		-	+	20		-	+
10		-	+	21		-	+
11		-	+	22		-	+

SUBSTITUTIONS VISITING TEAM

lp.	min	players numbers		lp.	min	players numbers	
1		-	+	12		-	+
2		-	+	13		-	+
3		-	+	14		-	+
4		-	+	15		-	+
5		-	+	16		-	+
6		-	+	17		-	+
7		-	+	18		-	+
8		-	+	19		-	+
9		-	+	20		-	+
10		-	+	21		-	+
11		-	+	22		-	+

Booked (yellow cards)

Player number	First name & Surname	Team	Minute	Short description

Sent off (red cards)

Player number	First name & Surname	Team	Minute	Short description

OTHER ACTIONS OR REMARKS

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City Date Main referee signature