

## **Cork Youth League Match Card**





Competition			
Fixture	V		
Date	Venue		
Referee		Result	

## Please Use Block Capitals only to Fill out Card

Team							
Number	Player Name				Υ	R	Underage
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
	Nominated Substitutes (5 from 7 allowed) (An			t be ma	rked v	vith ar	
Number	Player Name	Repla	aced	Time	Υ	R	Underage
12							
13							
14							
15							
16							
17							
18							
	Technic	al Staff					
Number	Name		Role				
1			Manager / Head Coach				
			1				
2							
2							
2	Match card Signature						

Referees: A clear picture of each individual match cards must be returned by email to cymatchcards@gmail.com or by post (Peader O Leary, Dún Rís, Grattan Street, Cork) no later then 48 hours after game.