

**CHERRY RED RECORDS COMBINED COUNTIES LEAGUE LTD.**

**NOTIFICATION OF SCORERS' DETAILS**

Match	
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Date:		Attendance	
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Score (home team first):

H/T	
F/T	

Home Team Scorers & times of goals  
(state if a penalty, if OG, just show OG, no need for name)

GOAL NO.	NAME OF SCORER (INCLUDING INITIAL OR FIRST NAME)	TIME SCORED	Indicate if og or pen
1		mins	
2		mins	
3		mins	
4		mins	
5		mins	
6		mins	
7		mins	
8		mins	
9		mins	
10		mins	

Away Team Scorers and times of goals  
(state if a penalty, if OG, just show OG, no need for name)

GOAL NO.	NAME OF SCORER	TIME SCORED	Indicate if og or pen
1		mins	
2		mins	
3		mins	
4		mins	
5		mins	
6		mins	
7		mins	
8		mins	
9		mins	
10		mins	

Please e-mail this form to: [alanc52@aol.com](mailto:alanc52@aol.com) or fax it to: 01784 451614 or text to 07956 930719

(To be received no later than midday Sunday for Saturday matches and on the next day for midweek matches)