THE SCOTTISH YOUTH FOOTBALL ASSOCIATION
CHALLENGE CUP

HOME CLUB …… [ ] V [ ] AWAY CLUB ……

TEAMLINE OF …… **REGISTRATION No** …… AGE GROUP ……

TIE NUMBER …… ROUND …… PLAYED AT …… DATE ……..…….. KICK OFF ……

No.	FULL NAME	FULL ADDRESS	POST CODE	DATE OF BIRTH	PLACE BIRTH REGISTERED

CLUB SECRETARY ……..……. SIGNATURE ……..…

ADDRESS ……..……POST CODE …..……

LEAGUE PLAYED IN ……. REFEREE ……..……...

REFEREE REG No ……... REFEREE'S SIGNATURE …….

SUB No.	PLAYED	DID NOT PLAY

THE MASTER TEAM LINE ACCOMPANIED BY ANY MISCONDUCT REPORTS MUST BE SUBMITTED TO THE NATIONAL SECRETARY, SCOTTISH YOUTH F A, HAMPDEN PARK, GLASGOW G42 9BF, WITHIN THREE DAYS OF THE MATCH. ALL RESULTS MUST BE TELEPHONED TO YOUR REGIONAL SECRETARY.