

FOOTBALL ASSOCIATION OF IRELAND
CUMANN PEILE NA Heireann

COMPETITION _____

ET: 10mins e/w and Penalties if necessary

A. _____ (Home Team)	V	B. _____ (Away Team)	<p align="center"><u>Referee Codes</u></p> <p>C1 – Unsporting Behaviour C2 – Dissent C3 – Persistently infringing the Laws of the game. C4 – Delaying the restart of play. C5 – Failing to respect the required distance when play is restarted C6 – Entering or re-entering the field of play without the referee’s permission C7 – Deliberately leaving the field of play without the referee’s permission</p> <p>S1 – Serious foul play S2 – Violent Conduct S3 – Spitting at an opponent or any other person S4 – Denying the opposing team a goal or clear goal-scoring opportunity by deliberately handling the ball. S5 – Denying a clear goal-scoring opportunity to an opponent by committing an offence punishable by a free-kick. S6 – Denying a clear goal-scoring opportunity to an opponent by committing an offence, that in the referee’s opinion the offending player had no possibility of playing the ball. S7 – Using offensive, insulting or abusive language or gestures. S8 – Second caution during the same match</p>
Venue _____			
Date _____ at _____ hours			
Full Time Score: Home Team <input style="width: 40px;" type="text"/> Away Team <input style="width: 40px;" type="text"/>			
Score A.E.T.: Home Team <input style="width: 40px;" type="text"/> Away Team <input style="width: 40px;" type="text"/>			
Penalties: Home Team <input style="width: 40px;" type="text"/> Away Team <input style="width: 40px;" type="text"/>			
Referee _____			
Assistant Referee 1 _____			
Assistant Referee 2 _____			
Fourth Official _____			

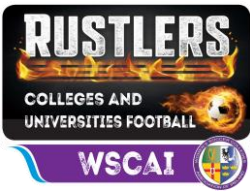
Players	HOME TEAM		Referee Use Only		
No.	First Name	Surname	YC	RC*	Goals

Substitutes 5 from 7							
No.	First Name	Surname	Replaced	Time	YC	RC*	Goals

TECHNICAL STAFF			*Please provide supplementary report for any expulsions	
No.	First Name	Surname	Role	
1			Manager/Head Coach	
2				
3				
4				
5				
			Doctor	

Manager’s Signature: _____

It is IMPERATIVE that a soft-copy of this Report is forwarded to the Third Level Football Department of the FAI immediately by e-mail (cufi@fai.ie) and hard-copy by post to Third Level Football, FAI, National Sport Campus, Abbotstown, Dublin 15 within 24 hours.



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(Home Team)		(Away Team)	
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Score A.E.T.:	Home Team <input style="width: 40px;" type="text"/>	Away Team <input style="width: 40px;" type="text"/>	
Penalties:	Home Team <input style="width: 40px;" type="text"/>	Away Team <input style="width: 40px;" type="text"/>	
Referee _____			
Assistant Referee 1 _____			
Assistant Referee 2 _____			
Fourth Official _____			

Players	AWAY TEAM		Referee Use Only		
No.	First Name	Surname	YC	RC*	Goals

Substitutes 5 from 7							
No.	First Name	Surname	Replaced	Time	YC	RC*	Goals

TECHNICAL STAFF			*Please provide supplementary report for any expulsions	
No.	First Name	Surname	Role	
1			Manager/Head Coach	
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