

IPSWICH & SUFFOLK YOUTH FOOTBALL LEAGUE

MATCH REPORT FORM

DATE OF MATCH

AGE GROUP **DIVISION**

Home Team **GOALS**

Away Team **GOALS**

REPORT SENT BY (REPORTERS NAME).....

ON BEHALF OF (CLUB NAME) **F.C.**

.....
ALL CORRESPONDENTS ARE ASKED TO RESTRICT THEIR REPORT TO A **MAX OF 100 WORDS.**
REPORTS SHOULD REACH THE PRESS OFFICER **BY TUESDAY EACH WEEK AT THE LATEST.**
IF POSSIBLE REPORTS SHOULD BE SENT BY EMAIL, OR TYPED, BUT IF HAND WRITTEN SHOULD BE
LEGIBLE WITH **ALL PLAYERS NAMES MENTIONED CLEARLY PRINTED.**