



FOOTBALL ASSOCIATION OF IRELAND

CUMANN PEILE NA Heireann

Referee's Report
Tuairisc an Mholtora



FAI _____ **CUP**

Round: _____

MATCH A. _____ V B. _____
(Home Team) (Away Team)

Ground _____

Date _____ at _____ hours

Result _____ in favour of _____

Half Time Score _____ in favour of _____

Referee _____

Assistant Referee 1 _____

Assistant Referee 2 _____

Fourth Official _____

Players No.	HOME TEAM		Referee Use Only
	Surname	First Name	Goals Scored (mins)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

Substitutes			
No.			

Managers Signature: _____

TECHNICAL STAFF**HOME TEAM**

No.	Surname	First Name	Role
1			Manager/Head Coach
2			
3			
4			
5			
			Doctor

Member in Charge: _____

Substitutions

Out	In	Min

5 from 7 – Mens (Intermediate, Youth, U17), Womens (U18)

Roll on/off – Women's (U14, U16)

Cautions

Team	No.	Player	Min	Reason

Expulsions*

Team	No.	Player	Min	Reason

*Please provide supplementary report for any expulsions

Attitude of Players _____**Attitude of Spectators** _____**Condition of Venue**

Playing Surface _____

Dressing Rooms _____

Other Equipment _____

Other Remarks _____

Signed _____ Date _____

PLAYING TIME

90 mins unless otherwise stated

Men's

Youth Cup – ET - 10 mins e/w

U17 Cup – ET - 10 mins e/w

Intermediate Cup* - ET - 15 mins e/w

*See Competition Rules

Women's

U14 Cup – 70mins / ET - 10 mins e/w

U16 Cup – 80mins / ET - 10 mins e/w

U18 Cup – ET - 10 mins e/w

Intermediate – ET - 10 mins e/w

For other Competitions, please
consult Competition RulesMatches drawn after extra-time shall
be decided by kicks from the Penalty
mark as per FIFA Penalty Kicks rule.

It is IMPERATIVE that this Report is forwarded to the Competitions Department of the FAI immediately by e-mail (cupcompetitions@fai.ie) or by post to Competitions Department, FAI, National Sport Campus, Abbotstown, Dublin 15 within 24 hours.



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Assistant Referee 1 _____

Assistant Referee 2 _____

Fourth Official _____

Players	AWAY TEAM		Referee Use Only
	No.	Surname	First Name
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
Substitutes			
No.			

Managers Signature: _____

TECHNICAL STAFF**AWAY TEAM**

No.	Surname	First Name	Role
1			Manager/Head Coach
2			
3			
4			
5			
			Doctor

Member in Charge: _____

Substitutions

Out	In	Min

5 from 7 – Men's (Intermediate, Youth, U17), Women's (U18)

Roll on/off – Women's (U14, U16)

Cautions

Team	No.	Player	Min	Reason

Expulsions*

Team	No.	Player	Min	Reason

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Attitude of Players _____**Attitude of Spectators** _____**Condition of Venue**

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