

SUFFOLK GIRLS 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.**