



# MATCH CARD

Date:  Venue:

Home **RESULT:** Away

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Div: 1 2 3 4 5 6 7 8 9 10 11 12 13 14

League/Cup:  CARDS: Yellow  Red

\*Please specify the name of the League/Cup eg. Div 1, Div2 or Jacqui Potter Cup, Mills Cup etc

Umpires:

Captains:

**TEAMS:** (Print clearly and include *full first and surnames*)

**No. HOME No. AWAY**

Coach:			
Manager:			
Physio:			

**Goal Scorers' Names (mandatory for all games)**

HOME	AWAY

**Yellow/Red Card Report:**

NO.	NAME	CLUB

**Send separate yellow/red card report form for each player  
within 48 hours to [admin@leinsterhockey.ie](mailto:admin@leinsterhockey.ie)**

1. Match cards must be completed in full. Please ensure full names are detailed. Incomplete or late receipt of cards will incur a fine.
2. Home team is responsible for texting result and sending the Match Card to the relevant Section Officer\* within 72 hours (\*see [www.leinsterhockey.ie](http://www.leinsterhockey.ie))
3. Details of rules/regulations available on [www.leinsterhockey.ie](http://www.leinsterhockey.ie)
4. Games must start no later than 45 mins after scheduled start time.
5. Copies of Yellow / Red Card reports available on [www.leinsterhockey.ie](http://www.leinsterhockey.ie)