|  |  |  |  |
| --- | --- | --- | --- |
| **Teams** | *[home team]* | v | *[away team]* |
| **Date** | *[ Saturday - dd-mmm-yyyy]* |
| **KO Time** | *[hh:mm]* |
| **Age Group** | U-*[XX]* |
| **Home Team Manager and Mobile Number** | *[manager name]**[mobile]* |
| **Format**(Indicate one as appropriate) | 5v5 | 7v7 | 9v9 | 11v11 |
| **Match**(Indicate one as appropriate) | Section | Divisonal | Trophy Event |
| **Referee**(Name of referee to be confirmed before match if not known at time of match confirmation) | We will **have/will not have** a qualified referee who is registered with a County FA.Referee EBFA Reg No: *[Level X]*Name of Referee: *[referee name]*Referee Email and/or Mobile: *[email and/or mobile]**or*Name of Referee: *[referee name]*Referee Qulaification Level: *[Level X]*Referee FAN: *[FAN]*County FA of Referee 23/24 Reg : *[County FA]*Referee Email and/or Mobile: *[email and/or mobile]*I will pay the referee the full fee of £X before the match.Please reimburse me with 50% of the fee. |
| **Venue Address****(Including postcode** **and map link)** | *[venue address]**[postcode]**[map link]* |
| **Respect** | Please ensure your parents/spectators remain behind the Respect lines at all times |
| **Any other issues** | **Parking** |  |
| **Disability Parking and Access** |  |
|  |  |

Look forward to seeing you and your team.

Please confirm receipt of this communication.