|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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.