



National Football Youth League
Match Confirmation Form



Send to opposition at least 5 days prior to fixture with Covid-19 Risk Assessment

Home Team: _____

Away Team: _____

Date of fixture: _____

Kick off time: _____

Venue: _____

Venue Address: _____

Postcode _____

Please circle: Grass or AGP

Home team details:

Colour of shirts: _____

Colour of shorts: _____

Colour of socks: _____

GK: _____

Contact name: _____

Email: _____

Mobile number: _____