



AGSV / APS 1ST XI HOCKEY

Weekly Team and Match Report

Date: ___ / ___ / ____		Venue:	
Home Team		Home team goals scored	
Visitors		Visitors goals scored	

Main XI Team:

	Name	Field Position	Goals Scored	Best Players (indicate preferences 1,2 and 3)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Reserves:

12.				
13.				
14.				
15.				
16.				

Match Comments	Best Players (in order of preference)
	School: _____
	1. _____
	2. _____
	3. _____
	4. _____
5. _____	

Signed: _____

UMPIRES' REPORT FOR 1st HOCKEY ([Jotform Link](#))

Match: _____ (school) vs. _____ (school)

Date: _____

Result: _____ Score: _____ def. _____ Score _____

Umpires' Names: _____ and _____

Comments:

Signed by both Umpires: _____ & _____

Please return this form PROMPTLY to the APS Sport Office,
APS House, 15 / 13-25 Church Street Hawthorn Vic 3122
Email: psa@apssport.org.au or Facsimile: 9804 3630 / Telephone: 9804 3677

Luke Soulos,
Executive Officer
APS Sport
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