OBLASTNÝ FUTBALOVÝ ZVÄZ RIMAVSKÁ SOBOTA - OZNÁMENIE O NÁMIETKACH V STRETNUTÍ:

Súťaž:.....................................

Kolo:........................................

Ročník:....................................

ZÁKLADNÉ ÚDAJE O STRETNUTÍ:

Domáci....................................................................Hostia.................................................................

Rozhodca.................................................................Delegát..............................................................

NÁMIETKY DOMÁCICH:..............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

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Podpis Kapitána domácich Podpis Vedúceho družstva domácich

NÁMIETKY HOSTÍ:.......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

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Podpis Kapitána hostí Podpis vedúceho družstva hostí

Vyjadrenie Rozhodcu k námietke:...............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Dátum:............................................. Podpis R:..................................................................

OBLASTNÝ FUTBALOVÝ ZVÄZ RIMAVSKÁ SOBOTA - OZNÁMENIE O ZRANENÍ HRÁČA

Súťaž:.....................................

Kolo:........................................

Ročník:....................................

ZÁKLADNÉ ÚDAJE O STRETNUTÍ:

Domáci....................................................................Hostia.................................................................

Rozhodca.................................................................Delegát..............................................................

ZRANENIA DOMÁCICH:..............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Podpis Zdravotníka..................................................................

ZRANENIA HOSTÍ:.......................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Podpis Zdravotníka..................................................................

Vyjadrenie Rozhodcu k zraneniu:...............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Dátum:............................................. Podpis R:..................................................................