**Samba Nottinghamshire Senior League**

**Supported by Euro Soccer Company**

**Match Confirmation**

|  |  |
| --- | --- |
| Fixture: |  |
| Competition: |  |
| Date: |  | Kick-off Time: |  |
| Venue: |  |
| Referee: |  | Assistants: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Club Colours: |  | Goalkeeper Colour: |  |
| Club Manager: |  |

|  |  |
| --- | --- |
| Directions to Ground: |  |
| Emergency Phone Number |  |

COVID-19 REQUIREMENTS

I can confirm that none of the attendees have been out of the Country in the last 14 days and all are confirmed fit to attend with no symptoms of COVID-19.

All players and attendees to the match for the Club will be assessed prior to the fixture, as per questionnaire attached.

I can also confirm our COVID-19 Officer, ………………………………………………………………, will be able to provide all contact details of all above attendees to NHS Track & Trace if required to do so.

Name …………………………………………………………

Club………………………………………………………………

Contact Number ……………………………………………

List of attendees/players and officials attached as required (self-screen form)