

ЧЕРКАСЬКА ОБЛАСНА АСОЦІАЦІЯ ФУТБОЛУ

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| ***Рапорт арбітра*** | | ***DEFENDA-ЛІГА, TEVITTA-ЛІГА,***  ***«Кубок Героїв ЗСУ»*** | | **18015, м. Черкаси,**  **вул. Благовісна, 269/105, *оф. 505***  [***choaf2022@gmail.com***](mailto:choaf2022@gmail.com)  ***тел. 0634390762, 0671165655*** | |
| ***Матч №*** | ***Вища ліга*** | | ***Перша ліга*** | | ***Кубок*** |

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| *Команди, місто* | | |  | | |  | | |  | | |  | |
| *Дата* |  | | | *Початок* |  | | *Стадіон, місто* | |  | | |  | |
| *Оцінка поля* | |  | | *Кількість глядачів* | | |  | *Погода, 0С* | |  | *Освітлення* | |  |

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| *Арбітр, місто* |  |  |
| *Асистент арбітра 1, місто* |  |  |
| *Асистент арбітра 2, місто* |  |  |
| *Четвертий арбітр, місто* |  |  |
| *Делегат - інспектор ЧОАФ, місто* |  |  |

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| Рахунок першого тайму |  | на користь |  |
| Рахунок другого тайму |  | на користь |  |
| Рахунок додаткових таймів |  | на користь |  |
| **Загальний рахунок матчу** |  | **на користь** |  |
| Рахунок серії пенальті |  | на користь |  |

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| *Компенсований час:* | *першого тайму* |  | *другого тайму* |  |

1. *Інші зауваження*

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*Впродовж 60 хвилин після закінчення матчу оформлений належним чином рапорт арбітра надіслати:*

* + *до представника ЧОАФ;*
  + *Оригінал рапорту арбітра надсилається* ***рекомендованим*** *листом до* ***ЧОАФ не пізніше 24 годин після закінчення матчу.***

КОМАНДА – ГОСПОДАР ПОЛЯ надати арбітру за 50 хвилин до початку матчу

(заповнити друкованими літерами)

*СТАРТОВИЙ СКЛАД*

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| ***№*** | ***Прізвище, ім’я*** | | | | | | | | | | | | | | | | | | | | | *Забитий м’яч*  *(хвилина)* | *Заміна* | |
| *№* | *(хвилина)* |
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*ЗАПАСНІ*

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***Капітан №***  ***Підпис***

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| ***Тренер (прізвище, ім’я)*** | | | | | | | | | | | | | | | | | | | | | | ***посада*** | | | | | | | | | | | | |
| *1.* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Офіційні представники (прізвище, ім’я)*** | | | | | | | | | | | | | | | | | | | | | | ***посада*** | | | | | | | | | | | | |
| *2.* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *3.* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *4.* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *5.* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

КОМАНДА – ГОСТЕЙ надати арбітру за 50 хвилин до початку матчу

(заповнити друкованими літерами)

*СТАРТОВИЙ СКЛАД*

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| ***№*** | ***Прізвище, ім’я*** | | | | | | | | | | | | | | | | | | | | | *Забитий м’яч*  *(хвилина)* | *Заміна* | |
| *№* | *(хвилина)* |
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*ЗАПАСНІ*

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***Капітан №***  ***Підпис***

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| ***Тренер (прізвище, ім’я)*** | | | | | | | | | | | | | | | | | | | | | | ***посада*** | | | | | | | | | | | | |
| *1.* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Офіційні представники (прізвище, ім’я)*** | | | | | | | | | | | | | | | | | | | | | | ***посада*** | | | | | | | | | | | | |
| *2.* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *3.* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *4.* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *5.* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. *Попередження*

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| *№* | *Прізвище, ім’я, команда* | *хвилина* | *причина* |
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1. *Вилучення (номер, прізвище, ім’я, команда, хвилина. Причину вилучення викласти чітко та докладно)*

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1. *Випадки травмування*

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| *№* | *Прізвище, ім’я, команда* | *хв.* | *Попередній діагноз* | *Надана допомога*  *Прізвище та підпис лікаря* |
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| ***Підпис арбітра*** |  | ***Телефон*** |  |