MATCH CARD

COMPETITION……..

IT IS THE HOME MANAGERS RESSPONSABILTY TO SEE THAT THIS CARD IS PROPERLY FILLED IN. SCORES *AND* SIGNATURES MUST BE RETURNED BY WEDNESDAY FOLLOWING THE SUNDAY GAME.

Date_____

Actual Kick-Off Time_____

REFEREE'S REPORT

ID Badges Exchanged	Yes	☐	No	☐
Changing Rooms	Yes	☐	No	☐
Match Balls (2)	Yes	☐	No	☐
Goal Nets	Yes	☐	No	☐
Corner Flags	Yes	☐	No	☐
First Aid Kit	Yes	☐	No	☐
Barriers in place	Yes		No	
Dissent (Players)	Yes	☐	No	☐
Barriers in place	Yes		No	

Players Behaviour_____

_____

Spectators Behaviour_____

REFEREE'S MATCH REPORT

_____

_____

_____

_____

_____

Referee's Signature_____

Result Half Time_____Home____Away
Full Time_____Home____Away

All the results to be telephoned to your Divisional Secretary by the Home Team Manager before 5.30pm

ASSESSMENT OF REFEREE

Name of Referee

General Control
Including confidence, impartiality, satisfactorily dealing with major incidents.

Application of Laws
Including correctness of decisions, clear signals, good positioning, fitness and advantage.

	Home Team	**Away Team**
We award an overall mark out of 10	O	O

Any mark of 5 or less, a letter must reach referee's Secretary by first post on the Wednesday following the match.

Home Manager's Signature…….
Away Manager's Signature…….

Home Team

Please post to your Divisional Secretary
to reach him by FIRST POST on the WEDNESDAY
following the match

TIMPERLEY & DISTRICT JUNIOR FOOTBALL LEAGUE

AFFILIATED TO CHESHIRE COUNTY F.A.

HOME TEAM_____ **AWAY TEAM**_____

MATCH CARD TO BE COMPLETED BY BOTH TEAMS AND GIVEN TO REFEREE BEFORE KICK-OFF

	FULL NAME (PRINTED)	**SIGNATURE**	**SCORER**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
SUB			
SUB			
SUB			
SUB			
SUB			

CONDUCT MARKS (1-10) TEAM_____
SPECTATORS

	FULL NAME (PRINTED)	**SIGNATURE**	**SCORER**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
SUB			
SUB			
SUB			
SUB			
SUB			

CONDUCT MARKS (1-10) TEAM_____
SPECTATORS