

MATCH CARD

COMPETITION.....

IT IS THE HOME MANAGERS JOB TO SEE THAT THIS CARD IS PROPERLY FILLED IN. SCORES AND SIGNATURES

Date _____

Actual Kick-Off Time _____

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

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

Players Behaviour _____

Spectators Behaviour _____

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

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.

REFEREE'S MATCH REPORT

Referee's Signature _____

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			

	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

CONDUCT MARKS (1-10) TEAM _____
SPECTATORS