Stourbridge & District Youth League

Age ..... Division ..... Name of Competition ..... Date.....

Home Team					Away Team			
Reg No.	Printed full name	C/D	Goals		Reg No.	Printed full name	C/D	Goals
				1				
				2				
				3				
				4				
				5				
				6				
				7				
				8				
				9				
				10				
				11				

NO SUBSTITUTES TO BE ENTERED UNTIL PLAYING

				1				
				2				
				3				
				4				
				5				
				6				
				7				

REGISTRATION CARDS MUST BE EXCHANGED PRIOR TO THE GAME

Home Team
Yes/No Signed .....

Away Team
Yes/No Signed.....

Referees mark must reflect decision making, communication, impartiality, confidence, fitness, positioning, signalling, use of advantage and handling of major incidents.

Home Team Report
Our club awards an overall mark of ..... out of 100

Away Team Report
Our club awards an overall mark of ..... out of 100

When the mark is less than 50 please give comments in the relevant box below along with a letter to ref secretary

Signed by: .....

Signed by: .....

THIS FORM MUST BE RETURNED TO MATCH REPORT FORM SECRETARY (SEE HANDBOOK) BY THE WEDNESDAY A.M. AFTER THE MATCH.

POSTPONED/ABANDONED REPORTS MUST BE SENT FOR ANY CANCELLED/POSTPONED GAMES
REFEREE TO INDICATE CAUTION/DISMISSAL AGAINST APPROPRIATE PLAYER IN COLUMN C/D

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This Section To Be Completed By Referee

Was Crowd Control in Place YES NO

Were Goal Nets Used YES NO

Were Corner Flags Used YES NO

Home Linesman Provided YES NO

Away Linesman Provided YES NO

Pitch Markings Good Poor

Confirmation to Ref By Thurs PM YES NO

Time Game Commenced .....

Reason for Late/Early Kick Off .....

.....

Emergency Signings YES NO

Cautions/Dismissals Indicated on Front YES NO

Discipline Cautions Dismissals

Home Team

.....

Away Team

.....

Details of Spectator or Club Official Misconduct

.....

.....

.....

NO EMERGENCY SIGNINGS FOR ANY CUP MATCHES

FINAL SCORE **HOME TEAM .....** **AWAY TEAM .....**

Referee To Complete Necessary Information

Tick Box for Substitutes Played

	1	2	3	4	5	6	7
H							
A							

Referee (Block Capitals) .....

Referee (Signature) .....

Date .....

Reg N° .....

or official on the day from HOME TEAM ☐ Name .....

AWAY TEAM ☐ Name .....

PERMISSION GIVEN

PERMISSION MUST BE SOUGHT FROM ALL PARTIES, OF BOTH TEAMS, FOR ANY VIDEOING OR STILL PHOTOGRAPHS TO BE TAKEN

	YES	NO
HOME TEAM	☐	☐
AWAY TEAM	☐	☐

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