**BIRMINGHAM COUNTY FOOTBALL ASSOCIATION LIMITED**

**MATCH REPORT FORM**

**SUNDAY YOUTH / VETERANS/**

**JOEL RICHARDS MEMORIAL CUP / MINOR / GIRLS/**

**SATURDAY MINOR CUP**

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| --- | --- | --- |
| Competition: | Round: | Date: |
| Home Team: | | |
| Away Team: | | |

|  |
| --- |
| Result After 80 mins: Home Away  Details of Kicks from the penalty mark: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Shirt No: | Name: | | | D.O.B: | Goalscorers |
|  | (Goalkeeper) | | |  |  |
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| Nominated Substitutes: | | | Replaced: |  |  |
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| --- | --- | --- |
| We are playing in the following colours | | |
| Shirts | Shorts | Socks |
| Goalkeeper – shirt  *Indicate colour on back of shirt if different* | Shorts | Socks |
| Signed: | Secretary of: | |

**GENERAL CONTROL**

Including confidence, satisfactorily dealing with major incidents

**APPLICATION OF LAWS**

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

**WE AWARD AN OVERALL MARK OUT OF 100**

**(range 1-100)**

An adequate performance by the Referee would justify a mark of 71-80

A mark of sixty or less MUST be accompanied by a full statement

giving reasons for the Low Mark

(no half marks). Emphasis should not be given to Isolated Incidents

Name Of Referee: ………………………………………………………………………..

Signed: ……………………………………….. Secretary: …………………………….…………………F.C.

***This form should be completed and forwarded onto Birmingham County Football Association, County Offices, Ray Hall Lane, Great Barr, Birmingham, B43 6JF, within two days of the date of the match.***