

**SHEET DISTRIBUTION**

1 x The FA

1 x Retained

# ASSESSMENT OF REFEREE REPORT FORM



PLEASE COMPLETE IN BLOCK LETTERS

(Please write in ink)

<b>COMPETITION:</b> <small>delete as necessary</small>	THE FA CUP	THE FA TROPHY	THE FA VASE	THE FA YOUTH CUP
DATE OF MATCH:	ROUND:		MATCH No:	

**Result:** Home Club .....  Goals      Away Club .....  Goals

Home Club ..... FC

Away Club ..... FC

Name of Referee .....

### 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

A mark of 60 or less **MUST** be accompanied by a full statement giving reasons for the Low Mark.

Emphasis should not be given to Isolated Incidents.

Signed ..... Director/Football Secretary of.....FC

**To be received by The Football Association within SIX days of the match.**

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