



# MATCH REPORT FORM

DATE

- League & Domestic Cup matches must be phoned in by the HOME Club and Notts Cup matches by ALL Teams to the Fixture Secretary on 07794 370676 by 2.00pm on the Sunday of the game (by 9pm when an evening K.O)
- This correctly completed form must be sent to the Registrar within 2 days of the match by hand or first class post to **Mr Andy Duckmanton, 101 Marsh Lane, Farndon, Newark, Notts NG24 4TA.**
- Or scanned and emailed to: andyduckmanton@newarkfootballalliance.co.uk

• **FAILURE TO COMPLETE THIS FORM CORRECTLY OR COMPLY TO EITHER OF THE ABOVE WILL RESULT IN A FINE**

FIXTURE TYPE:

No		GOALS	MOM		GOALS	MOM	
1				Please number team as follows:  1 Goalkeeper  2to11 Outfield Players  12 Sub If Used  14 Sub If Used  15 Sub If Used	1		
2					2		
3					3		
4					4		
5					5		
6					6		
7					7		
8					8		
9					9		
10					10		
11					11		
12					12		
14					14		
15					15		
Own Goals					Own Goals		

<b>REFEREE NAME</b>			
<b>REFEREE MARK GUIDE/FEEDBACK</b>			
Decision Making <small>(25 max)</small>	Positioning/ Kept up with Play <small>(25 max)</small>	Communication/ Managing Players <small>(25 max)</small>	Overall Control <small>(25 max)</small>
<small>The above marks added together give your total mark required below. The guide below shows what your total mark says you thought of the Referees overall performance</small>			
<b>Disappointing</b> <small>(0-50)</small>	<b>Reasonable</b> <small>(51-70)</small>	<b>Good</b> <small>(71-80)</small>	<b>Excellent</b> <small>(81-100)</small>
<b>TOTAL MARK</b>		/	<b>100</b>

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<b>TOTAL MARK</b>		/	<b>100</b>

**CLUB REPRESENTATIVE SIGNATURE**

**PRINT NAME**

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\* NOTE: ANY CLUB WHICH AWARDS A REFEREE A MARK OF 50 OR BELOW MUST SUBMIT A WRITTEN REPORT AS TO THE REASONS THEREOF TO THE LEAGUE REFEREE SECRETARY WITHIN 7 DAYS OF THE MATCH BEING PLAYED.