CLUB MATCH REPORT FORM

PLEASE COMPLETE IN BLOCK LETTERS

Return to Competition Officer **within 3 days** of the match

ESSEX COUNTY FOOTBALL ASSOCIATION LIMITED

TEAM:		
COMPETITION:		
DATE OF MATCH:	ROUND:	MATCH No:

Home Team ..... Goals..... **Away Team** ..... Goals.....

Extra Time Played (Please delete) Yes/No **Score at Half Time** ..... **Score at Full Time** .....

If relevant, details of kicks from penalty mark **Home team kicks scored** ..... **Away team kicks scored** .....

TEAM DETAILS

Shirt No.	Surname	Firstname	Goals	Minute(s) Scored

NOMINATED SUBSTITUTES

Shirt No.	Surname	Firstname	No. Replaced	Goals	Minute(s) Scored

REFEREE ASSESSMENT

The Referee is to be awarded a mark out of 100. Taken into consideration is **General Control**; including confidence, satisfactory dealing with major incidents and **Application of Laws**; including correctness of decisions, clear signals, good positioning, fitness and advantage. A mark of 50 or less must be accompanied by a full statement giving reasons for the low mark.

Referee ..... **Mark** .....(out of 100).

Assistant Referees: ....

Signed ..... Club ..... FC