

WEST KENT SUNDAY FOOTBALL LEAGUE
OFFICIAL MATCH REPORT SHEET PART TWO
TO BE COMPLETED BY THE REFEREE

Teams	Home		V		Away
Referee's name		Date of Match		Div / Cup :	
Ground			Time of Kickoff		
Result	Home Team		For Cup games	Extra Time	YES / NO
	Away Team		only	Penalties	YES / NO
Did you have difficulty obtaining your fee?	YES / NO		If yes, please report below		
Were linesmen provided?	HOME YES / NO		AWAY YES / NO		
Club Linesman mark (1 – 10)	HOME / 10		AWAY / 10		
If late kickoff, who was responsible?	HOME / AWAY				
Were goal nets, corner flags and suitable match balls provided?	NETS	YES / NO	MATCH BALLS YES / NO		
	FLAGS	YES / NO			
Did both teams have a first aid kit	HOME	YES / NO	AWAY	YES / NO	
Sportsmanship (1 – 10)	HOME	/ 10	AWAY	/ 10	
If teams short, how many played?	HOME		AWAY		
Did substitutes take part?	HOME	1	AWAY	1	
Please tick the appropriate number to correspond with the name / number on the team list	HOME	2	AWAY	2	
	HOME	3	AWAY	3	
	HOME	4	AWAY	4	
	HOME	5	AWAY	5	
Respect in the game	Home Team		Away Team		
Behaviour of supporters	Good		Good		
(please tick as appropriate)	Satisfactory		Satisfactory		
	Poor		Poor		
Behaviour of Manager / Coach	Good		Good		
(please tick as appropriate)	Satisfactory		Satisfactory		
	Poor		Poor		
Behaviour of players	Good		Good		
(please tick as appropriate)	Satisfactory		Satisfactory		
	Poor		Poor		
REFEREE'S MATCH REPORT - To include reference to any injured player, late kickoff, players cautioned or sent off and reported to the appropriate County Association.					

This form to be returned to the Registrations Secretary in accordance with current instructions.