

CENTRAL WARWICKSHIRE GIRLS & WOMENS FOOTBALL LEAGUE SEASON 2018/2019

This form must be received by the league Secretary by the Thursday after a weekend game or within 3 days of a midweek match.

Les Barrett, 57 Flamborough Close, Shard End, Birmingham B34 6LY

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|---|--|-----------|---------------------|----------------|---------------------------------------|------------------|--|-------|---------------------|---------------------------------------|-----------------------|
| Age Group: | | Division: | | Competition: | League / Open Cup / Supplementary Cup | | | | | Date Played | |
| HOME TEAM | | Score | | Tick If Played | Shirt Numbers | AWAY TEAM | | Score | | Where Played | |
| Reg No | List all Players that enter the field of play (Name in Full) | Goal | Caution / Dismissal | | | Reg No | List all Players that enter the field of play (Name in Full) | Goal | Caution / Dismissal | Tick If Played | Shirt Numbers |
| | | | | | | | | | | Allocated Ref: | |
| | | | | | | | | | | Corner Flags: | Yes / No |
| | | | | | | | | | | Crowd Barrier: | Yes / No |
| | | | | | | | | | | Goal Nets Used/Secured: | Yes / No |
| | | | | | | | | | | Line Marking: | Poor / Average / Good |
| | | | | | | | | | | Notified by Thursday: | Yes / No |
| | | | | | | | | | | Time Game Started: | |
| | | | | | | | | | | Reason Late / Early Kick Off: | |
| | | | | | | | | | | Officials remained in Technical Areas | Yes / No |
| Behaviour/Respect section - Contact League Secretary secretary@cwgfl.eu | | | | | | | | | | | |
| Confirm the Result | | | | | | | | | | | |
| | | | | | | | | | | Home Team | |
| | | | | | | | | | | Away Team | |
| | | | | | | | | | | Ref Name: Print | |
| | | | | | | | | | | Ref Signature | |
| | | | | | | | | | | County Reg Number | |
| | | | | | | | | | | Level | |
| Official on the day if not allocated: | | | | | | | | | | | |
| | | | | | | | | | | Name | |
| | | | | | | | | | | Ref provided by | HOME / AWAY |
| REF TO INDICATE CAUTION / DISMISSAL IN APPROPRIATE PLAYER COLUMN | | | | | | | | | | | |

| | | | |
|--------------------------------------|----------|--------------------------------------|----------|
| Home Team Manager Name: | | Away Team Manager Name: | |
| Away Team I/d. Check Done Signature: | | Home Team I/d. Check Done Signature: | |
| Assistant Ref (Home Team): | Yes / No | Assistant Ref (Away Team): | Yes / No |
| Photographic Permission | Yes / No | Photographic Permission | Yes / No |
| Ref Score (out of 100) | | Ref Score (out of 100) | |
| | | | |
| | | | |

If Ref score is below 60 give comments and send a letter to the League Secretary

A FULL REG. CHECK COMPARING PHOTOS TO PLAYERS AND ASKING D.O.B. SHOULD BE COMPLETED PRIOR TO THE GAME STARTING

ONLY ONE TEAM SHEET PER GAME NOT ONE PER TEAM OR LEAGUE FINES WILL BE ISSUED