

DELEGATES REPORT FORM

Mat	cn No.: Match: v		DIV.:
Dat	e: Venue: Start:	Result:	
Ple	ase complete in full and add any additional communications	ments overleaf as ap	propriate.
1. 2. 3.		ch given?	YES / NO YES / NO YES / NO YES / NO YES / NO
4.	Did the umpires arrive 30 minutes or more before the start? Were they suitably attired for the match? YES		
5. 6. 7.	Was post match hospitality provided? Were match programmes provided? Were team sheets correct and on time:	Home Team?	YES / NO YES / NO YES / NO
8	Was kit and numbering correct and did it agree	Away Team?	YES / NO
٥.	with the list printed in the programme:	Home Team? Away Team?	YES / NO YES / NO
	Were PizzaExpress advertising banners up? Were benches provided for substitutes and officials? Were abairs provided for you and suspended players?		YES / NO YES / NO
11.	Were chairs provided for you and suspended pl Were crowd stewards required? provided?	ayers?	YES / NO YES / NO YES / NO
12	adequate? Estimated size of crowd? Was a doctor in attendance throughout the match		YES / NO
	Was a stretcher available? Was a first aid kit available?		YES / NO YES / NO
13.		Home Team? Away Team?	YES / NO YES / NO
	If yes, any comments on its operation:		
14.	What was the condition of: Playing surface and markings: Good / Average / Poor / Unacceptable Goals and nets : Good / Average / Poor / Unacceptable Run off area : Good / Average / Poor / Unacceptable Corner flags and posts : Good / Average / Poor / Unacceptable		
	Were you asked to check any player registration	cards?	YES / NO
	If yes, were they correct and produced to your s Player of the match (Please consult with Captain		YES / NO ss)
	1. Name Club F	Reg No Point	s
	2. Name Club F		
17. 1	Ras the general conduct of the players, coaches both on and off the field satisfactory?		YES / NO
	If no, give details below.		
8. 1	Any other comments:		
amo.	Signed:	Date	