

HOME TEAM TO COMPLETE



MATCH CARD

TO BE COMPLETED IN BLOCK CAPITALS

Date:	Pitch:	Time of Kick Off Please complete for league records
	Home Team	Away Team
Final Score		
Captain Signed		

Name of Ref: Please check website www.idcfl.co.uk for Referee and pitch number	Home team to give general rating of referee out of 10 where 10 is excellent:
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Yes	No	Did today's Ref
<input type="checkbox"/>	<input type="checkbox"/>	Arrive at pitch at least 15 minutes before kick off and carry out pitch inspection and checks?
<input type="checkbox"/>	<input type="checkbox"/>	Have good fitness, covering the pitch from box to box and good positioning?
<input type="checkbox"/>	<input type="checkbox"/>	Have consistency in making good and fair decisions?
<input type="checkbox"/>	<input type="checkbox"/>	Have control of the game and overall welfare of players and supporters?
<input type="checkbox"/>	<input type="checkbox"/>	Overall attitude and fulfilment of the vision of what IDCFL stands for including issuing a warning before taking action for

REFEREE TO COMPLETE

Names of scorers	Home Team	Away Team

Bookings	Home Team	Away team
Number of blue cards		
Number of Bookings		
Number of sending offs		

Full Name of player	Team	Booking / Sent Off	Reason for caution

<input type="checkbox"/>	Yes I was contacted before today's game by the Home Team
<input type="checkbox"/>	Corner flags
<input type="checkbox"/>	Goal nets in good condition

Any players serving suspension today: (Name / Team)

Signed by: