



Cumann Peil Gael na mBan

Referees Report Form

NAME _____

ADDRESS _____

PHONE NO _____

I have been notified that I am appointed by _____ County Board to referee the match between

_____ and _____

Venue: _____

Time: _____

I am requested to:

- (a) Be on the pitch 10 minutes before starting time
- (b) Arrange for match umpires
- (c) Complete this form and return it to _____ (together with team lists) within three days of match, or if requested, within 24 hours of match.

In the event of referees being unable to fulfil a fixture you should contact _____ immediately.

The referees report should be completed accurately, completely and honestly

TEAM: _____ took to field at: _____

TEAM: _____ took to field at: _____

Game— commenced at: _____ finished at: _____

	Team:		Team:	
Score	Goals	Points	Goals	Points
Half time Score				
Full Time Score				

ATTIRE OF PLAYERS

Were players properly togged out in correctly numbered jerseys and was there uniformity in shorts and socks

Comment on pitch markings and provision of nets

Umpires: (1) _____ and _____

(2) _____ and _____

Linespersons _____ and _____

Injured Players Nature of Injury

Did player(s) continue playing

Substitutes

Imreoirí		Club
1.	For	
2.	For	
3.	For	
4.	For	
5.	For	
1.	For	
2.	For	
3.	For	
4.	For	
5.	For	

Match Expenses Paid by _____ Team _____

Referees Signature _____ Date _____