

## Under 12 MATCH SHEET

In accordance with League Rule 11(A) the completed match sheet is to be sent or delivered to:  
**Match Secretary:** Lesley Proctor, 24 Hurst Road, Longford, Coventry, CV6 6EJ

DATE		AGE GROUP		DIVISION		CUP ROUND			
MATCH PLAYED AT									
HOME TEAM						<b>FINAL SCORE</b> Home    Away			
AWAY TEAM									
<b>SCO-RERS</b>	caution or dismiss	<b>HOME TEAM Players Names (In Full)</b>			<b>AWAY TEAM Players Names (In Full)</b>			caution or dismiss	<b>SCO-RERS</b>
			1						
			2						
			3						
			4						
			5						
			6						
			7						
			8						
			9						
<b>SUBSTITUTES - Please put an X in the box between the names &amp; numbers of any substitute that played in the match</b>									
			10						
			11						
			12						
			13						
			14						
			15						
			16						

**IMPORTANT:** To be completed and signed by both Team's Officials  
*(any discrepancies with the following statements should be noted overleaf)*

I, the undersigned, as an Authorised Official of my Team, confirm that I have read and understood the following statements and that the contents of this Match Sheet are a true and accurate record of this Match:-

- a) I confirm that the match was confirmed as per league rules.
- b) I confirm that the referee, if not League appointed, has been agreed upon in accordance with Rule 13(B).
- c) I confirm that my Team's Players named on this Match Sheet are registered under League Rule 8 Qualification of Players.
- d) I am satisfied that the opposition Players named on this Match Sheet are those shown on our opponents Players' ID cards.
- e) I acknowledge that in accordance with Rule 10(G)(d) the Match Sheet must be completed and submitted to the referee not later than ten minutes before start of the match.
- f) If this Match is a Cup Tie, it is the Teams' responsibility to ensure that all players playing in this Match are eligible to do so under Knock-Out Cup Competition Rules (I) (J) & (K) and as such are not 'Cup Tied'.

Home Official Signature \_\_\_\_\_ Away Official Signature \_\_\_\_\_

<b>Referee's Use Only</b>	Was the match confirmed as per League Rules..... <b>YES / NO</b>
	Kick-Off Time _____ Reason If Late Kick-off: _____
Comments _____	
Referee's Name (please print) _____ B.C.F.A. No. _____ Signature _____	

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## ASSESSMENT OF REFEREE

**PLEASE NOTE: Referees should not be made aware of the assessment marks awarded by either team**

<b>Home Team Mark</b>		Out of 100
Our Club Awards an Overall Mark out		

<b>Away Team Mark</b>		Out of 100
Our Club Awards an Overall Mark out		

Home Official Signature

Away Official Signature

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### GUIDANCE WHEN ASSESSING REFEREES

- The Referee's performance should be judged on the full duration of the match
  - The result should not be an influential factor
  - Consistency throughout is the essence
- Isolated incidents, however major they may be, should be ignored

**Guide to marks given to the Referee**

Excellent Faultless performance .....	100
Very good performance.....	90
Good performance .....	80
Average performance .....	70
Below performance .....	60
Poor performance .....	50
Very poor performance .....	40

No half marks

Teams awarding marks of 50 or less must detail in writing to Referee's Appointment Secretary their reasons for the low assessment within 7 days of the fixture, as required under League Rule 13 I (a).

Team	Player's Name	Date of Birth	School Attended	Player's Signature

**HOME TEAM COMMENTS:**

**AWAY TEAM COMMENTS:**