

Cumann Peil Gael na mBan Referees Report Form

NAME ADDRESS		- -
PHONE NO		- -
I have been no	otified that I am appointed by County referee the match between	Board to
	and	
Venue:		_
		_
(b) Arrange for	itch 10 minutes before starting time r match umpires nis form and return it to(sts) within three days of match, or if requeste	together ed, within
In the event o	f referees being unable to fulfil a fixture ye contact immediately.	ou should

The referees report should be completed accurately, completely and honestly

TEAM:	EAM: took to field at: EAM: took to field at:			
TEAM:				
Game— comme	nced at:	finished	at:	
	Team:		Team:	
Score	Goals	Points	Goals	Points
Half time Score	2			
Full Time Score	2			
Were players		out in correctly mity in shorts a		eys and was there
Comment on pit	ch markings and	provision of net	rs	
)			
Linespersons		and		_

	Details of Players Caution	
Imreoir (Player)	Club	Mí-iompar (Offence)
A Cautionable Foul/ Offer	ice (A yellow card)	
Details (State offence/	of Players Ordered Off 's for which player/s were	the Field sent off the field)
Imreoir (Player)	Club	Mí-iompar (Offence)
(A) Immediate ordering-o	ff Foul/ Offence (A red co	ard)
(B) Ordering-off for a sec	ond cautionable Foul/ Off	ence (Second Yellow)
Officials booked or dismis	sed from field of play	

DI

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