

ESSEX OLYMPIAN FOOTBALL LEAGUE

*Hon. Referee's
Results Sec.*
B. J. ORAM
58 Downsway
Springfield
Chelmsford
CM1 6TU
Tel. 01245 469 457

FOUNDED 1966

*Hon. Referee's
Appointments. Sec.:*
J. COOK
61 Holloway Road,
Heybridge
Maldon
CM9 4TE,
Tel. 01621 857 792

Patron: **C. W. RAND ESQ**

President: **E.G. RHYMES ESQ**

REFEREE'S RESULT SHEET

(As approved by the E.C.F.A.)

Senior / Reserve Division Premier 1 2 3 Cup (Please **Circle** as appropriate)

Date of match _____ Played at _____

Home Team _____ F.C. Goals _____

Away Team _____ F.C. Goals _____

Official Kick-off time (as per handbook) _____ Actual Kick-off time _____

Please enter below reasons for any late kick-off, name of offending club and name of club official informed (Rule 10b)

Pitch Roped off	Yes	No	Hot Showers	Yes	No	Refreshment at Full Time	Yes	No
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(Please **Circle** above as appropriate)

Did You Receive Confirmation 4 days before the match from the Home team (Rule 10e) Yes / No

(Please **Circle** above as appropriate)

HOME TEAM

AWAY TEAM

Number of Players Short _____

NAMES of Substitutes who played _____

Sportsmanship (Mark 1 - 10) _____

Asst. Refs. (Club/Official) Name _____

Asst. Refs. (Mark 1 - 10) _____

NOTE:- WHEN ENTERING "X" IN THE BOX FOR UNSPORTING BEHAVIOUR, PLEASE SUPPLY FURTHER INFORMATION I.E. HAND BALL, LATE TACKLE ETC.

Misconduct:- If you are reporting any offences to the County F.A. please complete the following section in full as in the example below. <u>PLEASE PRINT CLEARLY</u>		S E N T O F F	C A U T I O N E D	T I M E	D I S S E N T	U N S P O R T I N G B E H A V	P U S H I N G	T R I P P I N G	L A T E B A D T A C K L E	T A C K L E F R O M	B E H I N D	O F F E N S I V E / I N S U L T I N G	A B U S E L A N G U A G E / G E S T U R E	D E L I B E R A T E	H A N D B A L L	P R O F E S S I O N A L	F O U L	P E R S I S T E D	A F T E R C A U T I O N	F I G H T I N G	S P I T T I N G	A F T E R W A R N I N G	A F T E R W A R N I N G S	R E C E I V E S S E C O N D C A U T I O N
FIRST NAME : SURNAME	CLUB NAME		X	75		X	X															X		

Name _____ Signed _____ Referee, Level _____ Date _____

(Block Capitals)

PLEASE RETURN THE COMPLETED FORM TO B. J. ORAM (Address Above) WITHIN 2 DAYS OF THE MATCH