

ESSEX OLYMPIAN FOOTBALL LEAGUE

FOUNDED 1966

REFEREE'S RESULT SHEET

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 Shower** Yes / No **Refreshment at Full Time** Yes / No

(Please Circle above as appropriate)

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

(Please Circle above as appropriate)

If the answer is no, when did you receive confirmation _____

	HOME TEAM	AWAY TEAM
Number of Players Short	_____	_____
NAMES of Substitutes who played	_____	
Sportsmanship (Mark 1 - 10)	_____	_____
Official or Club Asst. Refs. Name	_____	
Official or Club Asst. Refs. (Mark 1 - 10)	_____	_____

Miscounduct: If you are reporting any offences to the County F.A. please complete the following section as in example below PLEASE PRINT CLEARLY		SENT OFF	CAUTIONED	TIME	PLEASE ENTER RELEVANT CODE IN BOX BELOW														AFTER WARNING	AFTER WARNINGS
					SEND OFF							CAUTIONED								
					S1	S2	S3	S4	S5	S6	S7	C1	C2	C3	C4	C5	C6	C7		
FIRST NAME - SURNAME	CLUB NAME		x	75								x							x	

Name _____ Signed _____ Date _____
(Block Capitals)

**PLEASE RETURN COMPLETED FORM TO B. J. ORAM 58 DOWNSWAY, SPRINGFIELD CM1 6TU
WITHIN 2 DAYS OF THE MATCH WITH THE TEAM SHEETS**