



West Cork Ladies Football Referees Report 2015

Players injured : (please continue on a separate sheet if necessary

Name	Type Of Injury	Continued to play
_____		Y N
_____		Y N
_____		Y N
_____		Y N
_____		Y N

Subs Used

_____	for
_____	for
_____	for
_____	for
_____	for
_____	for
_____	for
_____	for
_____	for
_____	for

Match expenses paid	Team A	Y / N	Team B	Y / N
Team Sheet Received	Team A	Y / N	Team B	Y / N

Date _____ Sinithe _____

Any other comments please add a separate sheet & attach to this form.
Please also submit both team lists & subs stapled to it .

Name.....

Address.....

Team 1..... V Team 2

Grade Date.....

Time Venue.....

(Referees must be on the pitch 10 minutes before commencement).

Return all reports to:

Martina Burns

Aultagh

Dunmanway, Co Cork

Email: westcorkladiespro@gmail.com

Mob: 087 7851309

Return within 3 days of match or 24 hours if requested by the board.

In the event you cannot officiate, please contact the Secretary ASAP

Cumann Peil Gael na mBan – West Cork Referees Report

Match _____ V _____ Grade _____ Venue _____

Date _____ Time _____

Half time score _____

Final Scores

Team A _____ goals _____ points

Team B _____ goals _____ points

Players yellow card (Sin Bin)

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Players Red Card -

Rule

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Pitch Markings – Comments

Other Remarks i.e. pitch encroachment – player’s uniformity, mentors interference: (please continue on a separate sheet if necessary)