



**UMPIRES FACILITY and DISCIPLINE REPORT FORM 2009 SEASON**

Match Date		Division/Cup	
Home Team		Away Team	
Umpire	Print Name:	Signature	
Umpire	Print Name:	Signature	
Home Captain		Away Captain	

This joint report **MUST** be signed by both Umpires and returned to the League Secretary by the Wednesday following the match. Please complete sections 1-14. Your cooperation is appreciated! We will contact you if further information is required.

Your marking of sections 13 & 14 will determine the end of season awards for Clubs and Captains.

**QUESTIONNAIRE**

<b>Marking: Tick the box as appropriate.</b>		<b>Home</b>					<b>Away</b>	<b>Please Comment if marked below 3</b>
<b>5 = excellent. 4 = Good. 3 = Acceptable. 2 = Poor. 1 = Very Poor.</b>								
1.	Were your expenses, team sheet and balls provided before the toss?	Y/N					Y/N	
2.	Did spare balls comply with current League Rules?	Y/N						
3.	Were Umpires Facilities. Secure, Clean and Tidy?	5	4	3	2	1		
4.	Was the pitch discernable from the square	5	4	3	2	1		
5.	Was the square discernable from the outfield	5	4	3	2	1		
6.	Was outfield surface acceptable	5	4	3	2	1		
7.	Were pitch markings correct? If <b>Not</b> why?	5	4	3	2	1		
8.	Please tick the evenness of the bounce	5	4	3	2	1		
9.	Was the boundary clearly indentified from your usual standing positions? If <b>NO</b> please comment	5	4	3	2	1		
10.	Please comment on the state of the pitch, if appropriate							
11.	<b>Overall pitch mark</b>	5	4	3	2	1		
12.	Scoring:	Were scorers present both innings?		Y/N			Y/N	
		Are the scoring facilities acceptable to Scorers and the Umpires!		Y/N			Y/N	
13	Captains Conduct	Marks	=	=				
14	Players Conduct	Marks	=	=				

Please complete the reverse side of this form if you wish the DCL to consider Disciplinary procedures.

