#### MATCH CONTROL FORM

**Home Club** **Away Club**

**Match Venue** **Kick-Off** **Date**

**Referee Name       SFA Reg No**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Is the playing surface of a suitable standard?**

1. **Is the playing area enclosed?**
2. **Is there suitable provision to make the playing area enclosed (e.g. roped off area)?**
3. **Are the technical areas for coaches clearly defined?**

**(markers or cones)**1. **Are both technical areas on the same side of the field of play**

**(N/A where dug-outs are provided on opposites sides of the field of play)?**1. **Did spectators occupy the opposite touchline from that of the coaches?**
2. **Are the changing facilities of an acceptable standard and include suitable shower and toilet facilities?**
3. **Were five first grade quality footballs provided by the home team for the match?**
 | **Home****Team Coach** | **Away****Team Coach** | **Referee** |
| Yes No[ ]  [ ] [ ]  [ ] [ ]  [ ] [ ]  [ ] [ ]  [ ]   [ ]  [ ]  [ ]  [ ]   [ ]  [ ]  | Yes No[ ]  [ ] [ ]  [ ] [ ]  [ ] [ ]  [ ] [ ]  [ ] [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  | Yes No[ ]  [ ] [ ]  [ ] [ ]  [ ] [ ]  [ ] [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  |
| **Home Team Coach Comments:**  **Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Away Team Coach Comments:**  **Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| THIS SECTION TO BE COMPLETED BY THE MATCH REFEREE ONLY |
| 1. **Were the team lines submitted timeously (30 Mins prior to kick-off)?**
2. **Did the players/coaches/parents/spectators behave in an acceptable manner? (If response is No please enter details below)**
 |  **Yes [ ]  No** [ ]  **Yes [ ]  No** [ ]  |
|  **Referee Comments:**  **Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |