#### MATCH CONTROL FORM

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

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

**Referee Name       SFA Reg No**

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| --- | --- | --- | --- |
| 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |