Roscommon Ladies Gaelic Association

**Referees Report Form**

Competition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Game commenced at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Game finished at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | ***Teams*** | ***Took to the Field*** | ***Half Time Score*** | ***Full Time Score*** |
| ***Team A*** |  |  |  *Gls Pts* |  *Gls Pts* |
| **Team B** |  |  |  *Gls Pts* |  *Gls Pts* |

**Attire of Players (**Were players properly togged out in correctly numbered jerseys and was there uniformity in shorts and socks)

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Comment on pitch markings and provision of nets

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UMPIRES (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LINESPERSONS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Injured Players – Nature of Injury |
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| Did players(s) continue playing |
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| Details of Players Cautioned |
|  **Imreoir****(Player)** | **Cumann****(Club)** | **Mí-iompare****(Offence)** |
| A Cautionable Foul/Offence (A Yellow Card) |
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| Substitutes |
| **Imreoirí** | **Club** |
| 1. For |  |
| 2. For |  |
| 3. For |  |
| 4. For |  |
| 5. For |  |
| 6. For |  |
| 7. For |  |
| 8. For |  |
| 1. For |  |
| 2. For |  |
| 3. For |  |
| 4. For |  |
| 5. For |  |
| 6. For |  |
| 7. For |  |
| 8. For |  |

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| Details of Players ordered off the field(state offence/s for which player’s were sent off the fieldBe specific and concise) |
| **Imreoir****(Player)** | **Cumann****(Club)** | **Mí-iompare****(Offence)** |
| (A) Immediate Ordering-off Foul/Offence (A Red Card) |
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| (B) Ordering-Off for second cautionable Foul/Offence (A second Yellow card followed by a Red Card) |
|  |  | Players who played exceptionally well\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Referees Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_** |
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