

SUBMISSION INSTRUCTIONS	
This form is to provide feedback to the club/youth district/adult (senior) league about the quality of the game. Please submit this form to the appropriate organization.	

MATCH INFORMATION	
Date of Match:	
Park / Location:	
Home Team Name:	
Away Team Name:	
Competition:	Division:

CONDITIONS			
	Good	Average	Poor
Condition of Ground			
Condition of Ball			
Condition of Uniforms – Home Team			
Condition of Uniforms – Away Team			
		YES	NO
Field Properly Marked			
Goal Nets Provided			
Corner Flag Provided			
Spare Match Ball Provided			
Did each team provide an Assistant Referee?			
Were team lists handed to you at or before half time?			
Did you receive Player Identification Cards or Youth Permits prior to kick-off?			
If misconduct reported, did you mail the report to the secretary of the League Discipline?			
If Assistant Referees where not provided which team didn't?		Home	Away

REMARKS		
Brief Report and Summary of Match		
Score:	Home Team:	Away Team:

Referee's Name (Print):	BC Soccer ID#:
Submitted by (Referee' Signature):	
Referee's Telephone Number:	
Email :	