**SCOTTISH HOCKEY UNION WOMEN’S WEST DISTRICT MATCH REPORT FORM**

**INCORPORATING PLAYER OF THE MATCH AWARDS 2019/2020**

###### Name: Tel No: Club:

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| **DATE** | **TIME** | **VENUE** | **COMPETITION** |
|  |  |  |  |
| **HOME TEAM** | **RESULT** | **AWAY TEAM** |
|  |  | **HALF TIME** |  |  |
|  | **FULL TIME** |  |

1. PLEASE PRINT ALL NAMES IN FULL IN CAPITAL LETTERS AND MARK GKs

2. MATCH FORMS MUST BE PROVIDED TO UMPIRES PRIOR TO START OF GAME

### 3. PLEASE CIRCLE PLAYER NUMBER FROM YOUR OPPOSITION FOR YOUR NOMINATION

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| **No** | **NAME:** | **GK** | **G****▲** | **Y****■** | **R****●** |  | **No** | **NAME:** | **GK** | **G****▲** | **Y****■** | **R****●** |
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| **Name of Coach:****Name of Manager:**  |  | **Name of Coach:****Name of Manager:** |
| **CAPTAIN:** **Signed:** |  | **CAPTAIN:** **Signed:** |
| **UMPIRE: CLUB:** **Signed:** |  | **UMPIRE: CLUB:** **Signed:** |
|  |  |  |

**FORM MUST BE RETURNED TO DIV REP OR CUP CONVENER WITHIN 4 DAYS AND RESULT NOTIFIED TO DIV REP IMMEDIATELY**

**DISCIPLINE REPORT TO BE RETURNED TO DISTRICT SECRETARY IMMEDIATELY (PLEASE USE BLOCK CAPITALS)**

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| **DATE:** | **TIME:** | **VENUE:** | **COMPETITION:** |
| **HOME TEAM:** | **AWAY TEAM:** |
| **UMPIRE:** | **UMPIRE:** |
| **▲** | **■** | **●** | **NAME:** | **REASON:** | **SUSPENSION PERIOD:** | **ISSUING UMPIRE:** |
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| **IN THE EVENT OF A RED CARD BEING AWARDED -** Umpires and Captain must initial confirmation that the Captain (or her representative) has been informed of class of red card. Umpires must describe the events leading up to the offence itself, and subsequent action taken. A full report is required. Please use additional paper if necessary to fully detail the events relative to the temporary or permanent suspension | **Umpire:** |
| **Umpire:** |
| **Captain:** |