This form should be used in the event of any unsavoury incident occurring during the Match relative to abuse of the Referee by persons playing and watching the game.

The Form should be signed by the individual who took charge of the game and ideally also countersigned by somebody else who was present.

The form should be sent to the Secretary of the League within FIVE days of the completion of the game.

DATE OF MATCH

FIXTURE______ v _____

AGE GROUP

Details of Incident:

(if you need to continue on a second sheet please attach accordingly)

Referee / Person wh	o took charge	of game

Name (please print) ______ signature_____

Witness (please print) _____ signature ____

PLEASE SEND THIS FORM TO THE SECRETARY; Russ Murch, 24 Orchard Way, Cullompton, EX15 1EJ (within five days of the game).