

MATCH DAY - TEAM AND SCORE SHEET



Grade _____ Ground _____ Date _____

Cricket Club:			Cricket Club:		
Given Name	SURNAME		Given Name	SURNAME	
1		(CAPT)	1		(CAPT)
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10(A)			10(A)		
10(B)			10(B)		
11(A)			11(A)		
11(B)			11(B)		
12			12		

MUST be completed by BOTH captains PRIOR to the toss.

Two Day - use 10A & 11A for week 1 players and 10B & 11B for week 2 players. Write N/A in 10B/11B if not applicable

One Day – use 12 if having 12 active players. Write N/A if not applicable

1ST INNINGS

Start time _____ pm Finish _____ pm

SCORE

_____ wickets for _____ decl./compuls. close

SCORE CONFIRMATION

Capt 1 _____ Capt 2 _____ Umpire _____

2ND INNINGS

Start time _____ pm Finish _____ pm

SCORE

_____ wickets for _____ decl./compuls. close

SCORE CONFIRMATION

Capt 1 _____ Capt 2 _____ Umpire _____

1ST INNINGS

Start time _____ pm Finish _____ pm

SCORE

_____ wickets for _____ decl./compuls. close

SCORE CONFIRMATION

Capt 1 _____ Capt 2 _____ Umpire _____

2ND INNINGS

Start time _____ pm Finish _____ pm

SCORE

_____ wickets for _____ decl./compuls. close

SCORE CONFIRMATION

Capt 1 _____ Capt 2 _____ Umpire _____

Please email form to perthswanca@gmail.com or send photo to 0423 052 882 by Tuesday 5pm after the completion of the match

MATCH DAY – CAPTAIN AND UMPIRE ASSESSMENT



1) **Pitch & Ground** (Ground used) _____

	Yes	No	Comment
Boundary Lines Marked	<input type="checkbox"/>	<input type="checkbox"/>	_____
Crease Lines Marked	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wide Lines Marked	<input type="checkbox"/>	<input type="checkbox"/>	_____
Wicket Boxes Full	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pitch in Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Field and Run Ups in Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	_____

2) **Home Team Responsibilities** (Home team) _____

	Yes	No	Comment
Ground Set up 15 minutes before play	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water container/cups provided and drinks taken on field	<input type="checkbox"/>	<input type="checkbox"/>	_____
Afternoon tea provided	<input type="checkbox"/>	<input type="checkbox"/>	_____

3) **In Play Conduct**

	Yes	No	Comment
Consistent Attire (no shorts/random coloured pants/tops)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scoreboard updated every two overs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Overs completed on time (10 overs every 35 minutes)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Late Finish to Innings	<input type="checkbox"/>	<input type="checkbox"/>	_____

4) **Player Behaviour**

	Yes	No	Comment
Players played within the spirit of the game and with great sportsmanship	<input type="checkbox"/>	<input type="checkbox"/>	_____
Appealing was reasonable (not excessive)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Captains and Umpire control the match	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cautions or Reports (Send to Assoc)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Umpire
Signature _____

Home
Captain _____

Away
Captain _____

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