

AGSV/APS FOOTBALL RESULTS

TO: TEACHERS-IN-CHARGE, FOOTBALL

It is the responsibility of the Home team to complete the following form and return it to the APS Sport Office on the **MONDAY** following the game.

PLEASE INCLUDE the best players and goal kickers from the OPPOSITION TEAM.

AGSV/APS FIRSTS FOOTBALL RESULTS:

Round: ____

Date Played: _____

_____
defeated
_____

HOME TEAM: _____

Best Players: _____

Goal Kickers: _____

OPPOSITION: _____

Best Players: _____

Goal Kickers: _____

**REMINDER: Scores should be entered into Clipboard and phoned (or SMS) to Luke Soulos
on 0417 512 174
no later than 4.00 pm ON THE DAY OF THE MATCH.**

AGSV/APS FOOTBALL - UMPIRE'S REPORT

MATCH BETWEEN _____ **and** _____

at _____ **Date:** _____

This form is to be given to the Umpire by the Coach or Delegate or complete the following [Jotform](#)

Please circle relevant comment and add further comment if needed.

		Home Team		Visiting Team	
1.	Punctual	Yes	No	Yes	No
2.	Time wasting on field	Yes	No	Yes	No
3.	Complaining about umpiring decisions	Yes	No	Yes	No
4.	Bad language	Yes	No	Yes	No
5.	Excessive talking	Yes	No	Yes	No
6.	Unnecessary antics	Yes	No	Yes	No
7.	Rough play	Yes	No	Yes	No
8.	Intimidating tactics	Yes	No	Yes	No
9.	General behaviour of team	Good/Fair/Poor		Good/Fair/Poor	
10.	General comment on how match was played	Good/Fair/Poor		Good/Fair/Poor	

11.	If any player was sent off or warned, please give details:				

12.	Other comments:				

Name of Umpire: _____ **Signature:** _____

Name of Umpire: _____ **Signature:** _____