

# Coast Cricket Association

## UMPIRE REPORT FORM

Date : \_\_\_\_\_ Tournament : \_\_\_\_\_

Home Team : \_\_\_\_\_ Away Team : \_\_\_\_\_

Wkts	Runs	Over	Mins

Wkts	Runs	Over	Mins

Result : \_\_\_\_\_

Name of Umpire 1	Name of Umpire 2

Time of Arrival at Ground Umpire 1	Time of Arrival at Ground Umpire 2

Toss Time	Toss won by	Decision Taken by toss winner

	1st Inning	2nd Inning
Start Time		
End Time		
Break/Change over time		

1, Team list given in proper CCA Forms?	Yes	No
2, Team list given by both Captain on time?	Yes	No
3, Change of 1st Eleven players?	Yes	No

If Yes please take a sign of both Caption below.

Home Team Captain: \_\_\_\_\_ Away Team Captain: \_\_\_\_\_

Name of Player whose name is omitted from list

Name of Player Included in a list		
4, Has game played in Good Sprit by both Team	Yes	No
5, is there any incident you want to report to association?	Yes	No
If Yes Please write in a below space.		
6, As ground Handed over to Umpires on Time and as per Standard and to your satisfaction	Yes	No
If not please write below the problems and measure taken by home team authority.		

Innings Over Rates ( Only if late finish)			
A, Name of Bowling Team			
B, Innings Time ( Min)		F, Over Required	
C, Unusual delays (min)		G, Net Over-rate (=E-F)	
D, Adjusted time (=B+C)		H, Penalty to apply	Yes/No
E, Over Bowled		I, Captain advised	Yes/No
Actual Playing Time Loss ( Overs)		Actual Playing Time Loss ( Min)	

Sign of Umpire 1	Sign of Umpire 2

**Note :- This form should reach to Fixture secretary on or before following Tuesday 10:00 AM**