



THE TOWERGATE HALIFAX CRICKET LEAGUE



UMPIRE FEEDBACK

DATE OF MATCH

HOME TEAM

AWAY TEAM

RESULT OF MATCH

CLUB SUBMITTING FEEDBACK

NAME OF CAPTAIN

SIGNATURE

UMPIRE'S NAME (NUMBER)

| | GOOD | AVERAGE | POOR |
|-------------------------|------|---------|------|
| APPEARANCE | | | |
| KNOWLEDGE OF LAWS/RULES | | | |
| GAME MANAGEMENT | | | |

IF POOR CATEGORY IS INDICATED, PLEASE PROVIDE DETAILS WITH SPECIFIC INSTANCES

UMPIRE'S NAME (NUMBER)

| | GOOD | AVERAGE | POOR |
|-------------------------|------|---------|------|
| APPEARANCE | | | |
| KNOWLEDGE OF LAWS/RULES | | | |
| GAME MANAGEMENT | | | |

IF POOR CATEGORY IS INDICATED, PLEASE PROVIDE DETAILS WITH SPECIFIC INSTANCES

**THIS FORM SHOULD BE RETURNED TO THE UMPIRES'
REPRESENTATIVE AT THE NEXT HCL MEETING**