

ABANDONED GAME REPORT (Injury)

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| Home Team  | Away Team  |
|   |   |
| Date of Match:  | Venue:  |
| Time of Abandonment:  | Score at Abandonment:  |
| Weather:  | Pitch Condition:  |

Name and Team of all inured players:

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| --- | --- |
| Full Name | Team |
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| Please provide as much information as possible, including if an ambulance was called, or advice given to parents. |
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| Referee’s Name and Society: | Referee’s Signature: |

This document is to be completed and e-mailed within 72 hours to:

Donna Simons secretary@yjyarl.co.uk and

Michelle Huntington fixturesco-ordinator@yjyarl.co.uk