

BIRMINGHAM & DISTRICT PREMIER CRICKET LEAGUE UMPIRES MATCH REPORT

**This form should be returned, by post, no later than Tuesday morning, immediately after the match,
to Nick Archer, General Manager, BDPCL, PO Box 2481, Walsall WS1 1GF.**

THIS INCLUDES ABANDONED GAMES

Match:	v	Division:
Date:	Toss won by:	
Man of the Match (Premier Division games only) _____	Umpire's Name	
	_____	Umpire's Name
	Team Bowling First (name)	Team Bowling Second (name)
	_____	_____
Over Rates		
Time innings started		
Time innings ended		
Minutes elapsed (excluding tea interval) (A)		
Minutes lost to weather/light (B)		
Minutes allowed by Umpire (C)		
Wickets taken *		
Wickets taken x 1 minute per wicket (D)		
Net time (E) = (A-B-C-D)		
Overs bowled (F)		
Over Rate (F ÷ E) x 60		
If the over rate fell below 17 per hour, was the Captain of the offending Club informed? <input type="checkbox"/> Yes <input type="checkbox"/> No		

* Do not include the tenth wicket to fall, in any innings, nor any wicket that falls, immediately before a declaration

Did both teams provide a scorer? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, state which team
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Fair Play (out of 10)		
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Discipline
Are you formally reporting any players from this match? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, state the name(s) below and send a report to the General Manager within 48 hours. _____
Was the incident reported verbally to the Executive of the Club? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please explain on reverse side.
Was any player the subject of a first and final warning from the Umpires during this match? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, state the name(s) below and the offence _____ _____

Ground & Facilities
Please rate the pitch and issue a mark as outlined in the guideline table on the inside front cover <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Above Average <input type="checkbox"/> Below Average <input type="checkbox"/> Poor <input type="checkbox"/> Unfit
Was the surface dry throughout the match? Please tick as appropriate <input type="checkbox"/> Yes <input type="checkbox"/> No If ticked NO please comment (i.e. rain affected or late irrigation).
Did the covering facilities meet the criteria applicable to this Division? <input type="checkbox"/> Yes <input type="checkbox"/> No If ticked NO please state why, overleaf.
Are the Umpires changing facilities satisfactory? <input type="checkbox"/> Yes <input type="checkbox"/> No If ticked NO please state why, overleaf.

Signature: _____ Signature: _____