

Home team:**Away Team:****Venue:****Arrival Time****Arrival Time****Toss Time:****Ist innings Start Time** :.....**Tea Start Time** :.....**2nd innings Start Time** :.....

1	Division		
2	No of overs agreed to play by teams		
3	Over penalties for late arrival (which team)		
4	Player identities checkd by Team (indicate Yes/No)		
5	Other team player behaviour (Score 1 to 5)		
6	Pitch Condition (Score 1 to 5)		
7	Umpire rating (Score 1 to 5)		
8	Scoreboard (indicate Yes/No)		
9	Side Screen (indicate Yes/No)		
10	30 yard Circle (Yes/No)		
11	Clear Boundary Lines (Yes/No)		
12	Ground Condition (Score 1 to 5)		
13	Changing Facilities (Score 1 to 5)		
14	Overall rating for this match (Score 1 to 5)		

Team Captain/Manager:

Name:
Signature:

15 **General Comments (Please use separate sheet if page not adequate)**

This form must be completed and sent to Results Secretary within 48 hrs following the match (scorecard@btcluk.com) and secretary@btcluk.com

Scores : 1 - Very Bad ; 2 - Bad ; 3 - Good; 4 - Very Good; 5 - Excellent