

## FACILITATORS FORM

Round: \_\_\_\_\_ Date: \_\_\_\_\_ TEAM1: \_\_\_\_\_ TEAM2: \_\_\_\_\_

UMPIRE: \_\_\_\_\_ Venue: \_\_\_\_\_ Grade: \_\_\_\_\_ Competition: \_\_\_\_\_

Ground Issues: Please circle the appropriate description:

Was the Pitch?      Not prepared      Under prepared      Satisfactory      Very good

Did the pitch favour?      Batsman      Bowler      Both

Rating	Decision making & Consistency	Please tick	Communication & Match Management	Please tick	Knowledge & Application of Playing Conditions	Please tick	Fitness & Concentration	Please tick
1	Poor		poor		Poor		Poor	
2	Satisfactory		Satisfactory		Satisfactory		Satisfactory	
3	Good		Good		Good		Good	
4	Very Good		Very Good		Very Good		Very Good	

Good Decisions	Contentious Decisions	General Comments

Facilitator:

Umpire:

Team Captain1:

Team Captain2

Name: \_\_\_\_\_

Signature: \_\_\_\_\_