



C O N F I D E N T I A L

UMPIRES'
MATCH REPORT
2011/2012 Season

Match: _____ v _____ **Venue:** _____

Competition: _____ **Date(s):** _____

Umpires: _____ **and** _____

A. PLEASE ANSWER ALL QUESTIONS (strike out answer not applicable)

- | | | |
|----|---|--------|
| 1. | Was the match played in a good spirit throughout? | Yes/No |
| 2. | Was the pitch and playing area, in your opinion, of the required standard for this match? | Yes/No |
| 3. | Did you reject or replace any match balls offered? | Yes/No |
| 4. | Did you or any eligible person report any player(s) under the Code of Conduct? | Yes/No |
| 5. | Have you lodged or do you intend lodging a report on any matter pursuant to Law 42? | Yes/No |
| 6. | Was it necessary to leave the field at any stage because of unfit light conditions? | Yes/No |

B. GENERAL COMMENTS

1. If you answered 'Yes' to question 6 please enter the Light Meter reading (if available) used when leaving the field. **LIGHT METER READING:** _____
2. If you answered 'No' to questions 1 and 2, or 'Yes' to any of question 3 to 5, a fully detailed explanation must be written hereunder.
3. If you answered 'No' to question 2 in relation to the pitch, please detail below your reasons-e.g. excessive turn or seam movement.

C. COMMENTS

D. OTHER NZC GROUND WARRANT OF FITNESS REQUIREMENTS

(Please X the appropriate box) S = Satisfactory NS = Not Satisfactory (please explain)

Requirements	S	NS	Explanation
Practice Facilities			
Outfield Quality			
Boundary Rope & Size			
Sightscreens			
Scoreboard Requirements			
Ground Signage & Clock			
Covers - Block & Run-ups			
Sufficient Ground Staff			
Equipment (as per WOF)			
Changing Rooms			
Security			
Video Analyst's Facilities			
Official Scorers' Facilities			

E. OVER RATES: (Plunket Shield, Provincial A Competition, and Hawke Cup matches.)

*NB: The total innings time in minutes to be recorded should be the total length of the innings from actual start to finish, less any approved allowances, which allow time to be deducted. **Official Scorers to Complete.**

Team Bowling:	1st _____		2nd _____	
Innings	1 st	2 nd	1 st	2 nd
Number of overs bowled	_____	_____	_____	_____
Innings Total/Wickets	_____	_____	_____	_____
Total innings time (Minutes)*	_____	_____	_____	_____
Over Rate	_____	_____	_____	_____
Over Rate for Match	_____		_____	

If the over rate for either team was below 15 overs per hour over the match what were the causes?

D. RESULT OF MATCH:

	<u>1st Innings Score</u> <u>@ 110 Overs</u>		<u>2nd Innings</u> <u>Scores</u>			
	<u>Runs / Wkts</u>	<u>Bonus Pts</u>	<u>Runs / Wkts</u>	<u>Match Points</u>	<u>Total for Match</u>	
Team Batting	_____	_____	_____	_____	_____	_____
Bowling	_____	_____	_____			
Team Bowling	_____	_____	_____	_____	_____	_____
Batting	_____	_____	_____			

Result of Match: _____

Signed: _____ (Umpire) **Signed:** _____ (Umpire)

Date: _____

Please dispatch within 24 hours of the completion of the match by e-mail to the National Umpiring Manager at rmcharg@nzcricket.org.nz or post to New Zealand Cricket, P.O. Box 180, Lincoln University, Canterbury.