

**THE SURRIDGE GLOUCESTERSHIRE COUNTY FOOTBALL LEAGUE**

Form P 4

**REPORT FORM (AWAY CLUB)**

DATE OF MATCH.....

HOME CLUB.....

AWAY CLUB.....

**DAY / DATE OF CONFIRMATION OF GAME**

Received by: Telephone

Date:..... E-Mail or Fax  
Letter

**(Please Circle)**

**STATE OF DRESSING ROOMS**

Dirty Clean/Tidy

Need Decorating Seating Adequate

Need of Repair or more

**(Please Circle)**

ANY FURTHER COMMENTS.....  
.....  
.....  
.....

**SHOWER AREA**

Conditions Good/Poor

Showers Cold/Warm/Hot

Not enough Pressure

Lighting Good/Poor/Adequate

**(Please Circle)**

**PLAYING AREA**

Good Condition

Well Maintained/Poor

Markings Good/Poor

Dugouts Good/Poor or in need of attention

**(Please Circle)**

**SEATING IN DUGOUTS**

Indicate Number of Seats

Condition Good/Poor

Clean & Tidy or Dirty

**(Please Circle)**

**SURROUNDING BARRIERS**

Good/Poor

Need Attention

If painted what condition Good/Poor

**(Please Circle)**

ANY FURTHER COMMENTS.....  
.....

**HALF-TIME REFRESHMENTS**

Players/Managers

Spectators

**(Please Circle)**

**FULL-TIME REFRESHMENTS**

Players/Managers

Spectators

**(Please Circle)**

**CAR PARKING**

Good/Poor

On Ground

On Road

**(Please Circle)**

**MATCHDAY PROGRAMME**

Yes

No

**(Please Circle)**

ANY OTHER COMMENTS.....  
.....  
.....  
.....

PRINT NAME.....

SIGNED.....