



# Berkshire Cricket Officials Association

(Affiliated to the Berkshire Cricket Board)



## Scorer's Feedback to Umpire(s)

Name of Umpire seeking feedback:

Match:

*The following points should be noted where relevant and appropriate. Not all of the following areas will occur before, during or after the match.*

	Yes	No
<b>Did the Umpire(s) and Scorer(s) meet before the start</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If so, Did the Umpire discuss the following points with you</b>	_____	_____
◆ hours of play, if applicable	<input type="checkbox"/>	<input type="checkbox"/>
◆ intervals – timing and duration	<input type="checkbox"/>	<input type="checkbox"/>
◆ any local customs — boundaries	<input type="checkbox"/>	<input type="checkbox"/>
◆ team sheets	<input type="checkbox"/>	<input type="checkbox"/>
◆ competition regulations e.g. bowling restrictions	<input type="checkbox"/>	<input type="checkbox"/>
◆ display of the score and overs	<input type="checkbox"/>	<input type="checkbox"/>
◆ clock and watch to be master timepiece and backup	<input type="checkbox"/>	<input type="checkbox"/>
◆ each separate signal to be acknowledged	<input type="checkbox"/>	<input type="checkbox"/>
◆ Your location during the match	<input type="checkbox"/>	<input type="checkbox"/>
◆ the result of the toss	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the match did the umpire provide clear pre-signals</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>During the match were the umpire's signals clear and consistent</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the umpire await your acknowledgement of his signals</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was the score, overs etc. confirmed during intervals</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Was the final score checked and confirmed</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the umpire thank you for your contribution at the end</b>	<input type="checkbox"/>	<input type="checkbox"/>

Please add any other comments you think would be helpful

Scorers Name:

Signature & date

Please return the completed form to Roy Kinner, at 41 Gainsborough, Bracknell RG12 7WL