



KNAV ACL 2026 League Championships

Match Report

Please check the box and/or complete the information

Date: _____ Match# _____ Match Time: _____ AM/PM

Home Team Name: _____ Visiting Team Name: _____

Umpiring Team Name: _____

1. Did the match start on time? YES or NO
 - a. If NO, What is the actual time match started? _____
 - b. What is the reason for delay?
 - i. Home / Visiting Team arrived late
 - ii. Umpires arrived late
 - iii. Ground Setup not complete
 - iv. Others _____
2. Are there any incidents to report? YES or NO
 - a. If YES, What are the incidents occurred during the match?

Incident Type	Responsible for the incident	Resolution

3. Are there any highlights to report? YES or NO
 - a. If YES, What are the highlights?

List Highlights	By

4. Man of the Match (Recommendation) _____

Umpire1 Name: _____ Umpire 1 Signature: _____

Umpire2 Name: _____ Umpire 2 Signature: _____