



WAFL GROUND ASSESSMENT FORM

Match: _____ v _____
Date: ___/___/___ Venue: _____

Ground Inspected at: _____am/pm on ___/___/___

Inspected and approved to play by:

WAFL Ground Manager

_____ Print name

_____ Signature

WAFL Umpire Rep

_____ Print name

_____ Signature

Competing Club 1

_____ Print name

_____ Signature

Competing Club 2

_____ Print name

_____ Signature

CONDITIONS

1. **Length of Grass** SATISFACTORY UNSATISFACTORY

Comments _____

2. **Surface** SATISFACTORY UNSATISFACTORY

Comments _____

3. **Hardness** SATISFACTORY UNSATISFACTORY

Comments _____

4. **General Comments**



WAFL GROUND ASSESSMENT FORM

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