## UNITED STATES SOCCER FEDERATION

REFEREE REPORT

*This report must be mailed within 48 hours after completion of game to proper authorities.*

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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GAME:** |       |     |  |       |     |
|  | Home Team | Score |  | Visiting Team | **Score** |

|  |  |  |  |
| --- | --- | --- | --- |
| **State Association/** |  | **Division/** |  |
|  |  | **Age Group** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Game:** |       |  **Scheduled time:** |       |  |
| **Field and Address:** |       |  **Actual kick off:** |       |  |
|  |       |  **End of game:** |       |  |
|  |       |  **Score at half time:** |       |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **REFEREE:** |  | **Grade:** |     | **SSN:** |    -   -     |
| **Sr. Assistant:** |       | **Grade:** |     | **SSN:** |    -   -     |
| **Jr. Assistant:** |       | **Grade:** |     | **SSN:** |    -   -     |
| **4th Official:** |       | **Grade:** |     | **SSN:** |    -   -     |

|  |  |  |  |
| --- | --- | --- | --- |
| Field Condition: |  | Weather: |  |
| Was the home team on the field on time? |  | If not, how late? |       | No. of Spectators:  approx. |  |  |
| Was the visiting team on the field on time? |  | If not, how late? |       | Marking of field:  |  |  |
| Players Passes of the home team  received and checked. | Conduct of Officials: |   |
| Players Passes of the visiting team  received and checked. | of Players: |  |
| Line-up of home team  | of Spectators: |  |
| Line-up of visiting team  | Dressing room for Referee: |  |
| 4th Official Game Log  | for Players: |  |

*A supplementary form explaining circumstances must accompany any unusual situations.*

**Serious injuries during the game.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Pass No.** | **Team** | **Nature of Injury** |
|       |       |       |       |
|       |       |       |       |

**Players cautioned during the game.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Pass No.** | **Team** | **Type of Misconduct** |
|       |       |       |  |
|       |       |       |  |
|       |       |       |  |
|       |       |       |  |
|       |       |       |  |
|       |       |       |  |
|       |       |       |  |

**Players sent off the field—Player passes must be retained after the game and returned to proper authority with this report.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Pass No.** | **Team** | **Type of Misconduct** |
|       |       |       |  |
|       |       |       |  |
|       |       |       |  |
|       |       |       |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I  the referee fee of $    .   | **Referee Signature:** |  | Phone #: | (   )    -     |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Date: |       |

*For additional remarks use supplementary sheet.*

**For serious assault, severe injury, or other substantial occurrences, a photo copy must be sent to Federation Headquarters: Fax: (312) 808-9572**

 **Distribution: State Association / League / Referee Jan/99**

**UNITED STATES SOCCER FEDERATION**

REFEREE SUPPLEMENTARY REPORT

*This report must be mailed within 48 hours after completion of game to proper authorities.*

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*A supplementary form explaining circumstances*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GAME:** |       |    |  |       |    |
|  | Home Team | Score |  | Visiting Team | **Score** |

|  |  |  |  |
| --- | --- | --- | --- |
| **State Association/** |  | **Division/** |  |
| **Professional League** |       | **Age Group** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Game:** |       |  **Referee:** |       |



**Describe Any Unusual Incident:**

**Remarks:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referee Signature:** |  |  **Report Date:** |       |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone #:** | (   )    -     |  **SSN:** |    -   -     |

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