



UNITED STATES SOCCER FEDERATION REFEREE REPORT

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

GAME: _____

Home Team Score Visiting Team Score

State Association/ Professional League _____ Division/ Age Group _____

Date of Game: _____ Scheduled time: _____
 Field: _____ Actual kick off: _____
 Address: _____ End of game: _____
 _____ Score at half time: _____ - H V

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

6/99



UNITED STATES SOCCER FEDERATION

REFEREE SUPPLEMENTARY REPORT

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

A supplementary form explaining circumstances

GAME: _____
Home Team Score _____ Visiting Team Score

State Association/
Professional League _____ Division/
Age Group _____

Date of Game: _____ Referee: _____

Describe Any Unusual Incident:

Remarks:

Referee Signature: _____ Report Date: _____

Phone #: () - _____ SSN: - - _____

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

6/99