



UNITED STATES SOCCER FEDERATION REFEREE REPORT

This form must be faxed within 48 to hours to SFUYSA RED CARD PROCESSING at 305-704-3811

GAME: _____ Home Team _____ Visiting Team

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? **Yes** If not, how late? _____ No. of Spectators: _____ approx.
Was the visiting team on the field on time? **Yes** If not, how late? _____ Marking of field: **Good**
Players Passes of the home team **were** received and checked. Conduct of Officials: **Excellent**
Players Passes of the visiting team **were** received and checked. of Players: **Excellent**
Line-up of home team **is enclosed.** of Spectators: **Excellent**
Line-up of visiting team **is enclosed.** Dressing room for Referee: **N/A**
4th Official Game Log **is enclosed.** for Players: **N/A**

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 did not receive 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



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
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State Association/ Professional League	Division/ Age Group
_____	_____

Date of Game:	Referee:
_____	_____

Describe Any Unusual Incident:

Remarks:

Referee Signature: _____	Report Date: _____
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Phone #: () - _____

SSN: - - _____

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