



# 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  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: \_\_\_\_\_ - -  
4<sup>th</sup> 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**  
4<sup>th</sup> 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

