



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

**Tournament /
League**

**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?

minutes

No. of Spectators:

approx.

Was the visiting team on the field on time?

If not, how late?

minutes

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
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Players cautioned during the game.

Name	Pass No.	Team	Type of Misconduct
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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
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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

Jan/99



UNITED STATES SOCCER FEDERATION REFEREE SUPPLEMENTARY REPORT

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A supplementary form explaining circumstances

GAME:

Home Team

Visiting Team

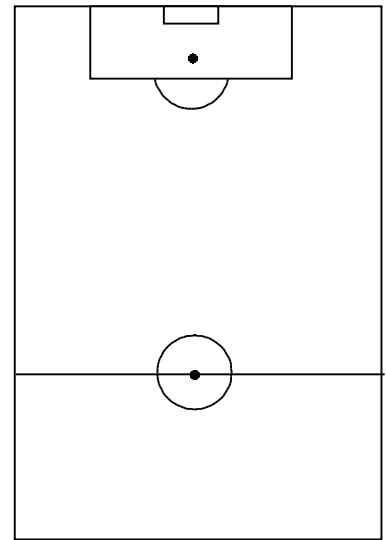
**Tournament/
League**

**Division/
Age Group**

Date of Game:

Referee:

Describe Any Unusual Incident:



Remarks:

Referee Signature: _____

Report Date:

Phone #:

SSN:

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