



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
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Tournament / League _____	Division/ Age Group _____
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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: _____	- -
4 th Official: _____	Grade: _____	SSN: _____	- -

Field Condition: _____ Weather: _____

Was the home team on the field on time? **Yes : No** If not, how late? _____ No. of Spectators: _____ approx.

Was the visiting team on the field on time? **Yes : No** If not, how late? _____ Marking of field: Excellent : Good : Fair : Poor

Players Passes of the home team **were : were not** received and checked. Conduct of Officials: Excellent : Good : Fair : Poor

Players Passes of the visiting team **were : were not** received and checked. of Players: Excellent : Good : Fair : Poor

Line-up of home team **is enclosed : is not enclosed : is available : is not available.** of Spectators: Excellent : Good : Fair : Poor

Line-up of visiting team **is enclosed : is not enclosed : is available : is not available.** Dressing room for Referee: N/A : Satisfactory : Unsatisfactory

4th Official Game Log **is enclosed : is not enclosed : is available : is not available.** for Players: N/A : Satisfactory : Unsatisfactory

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 : 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

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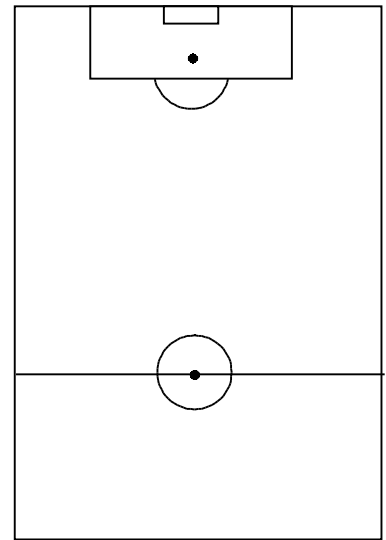
A supplementary form explaining circumstances

GAME: _____ **Home Team** Score _____ **Visiting Team** Score

Tournament/ League _____ **Division/ Age Group** _____

Date of Game: _____ **Referee:** _____

Describe Any Unusual Incident:



Remarks:

Referee Signature: _____ **Report Date:** _____

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

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