



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	vs.	Visiting Team	Score
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State Association/ Professional 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 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 th 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 #: () _____

For additional remarks use supplementary sheet.

Date: _____

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



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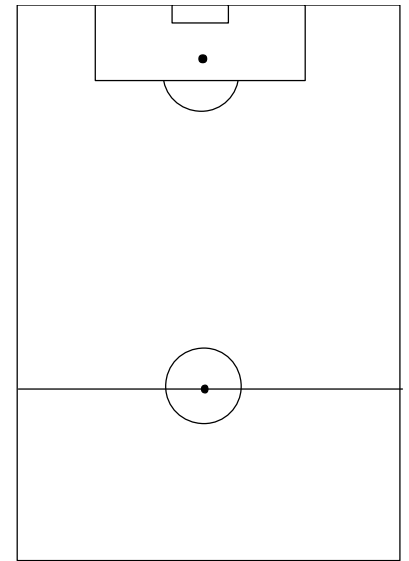
State Association/
Professional League: _____

Division/
Age Group: _____

Date of Game: _____

Referee: _____

Describe Any Unusual Incident:



Remarks:

Referee Signature: _____

Report Date: _____

Phone #: () _____

SSN: _____