



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? _____ No. of Spectators: _____ Approx. _____
 Was the visiting team on the field on time? _____ If not, how late? _____ 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 received _____ of Spectators: _____
 Line-up of visiting team received _____ 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

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 received a Referee fee of: \$ _____ Referee Signature: _____ Phone #: () _____

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