



UNITED STATES SOCCER FEDERATION

Revised 7/91

REFEREE REPORT

This report must be mailed within 48 hours after completion of game to proper authorities .

GAME _____ vs. _____

Home Team _____ SCORE _____ Visiting Team _____ SCORE _____

State Association/ Professional League _____ Division/ Age Group _____

Date of Game _____ 19 _____

Field and Address _____

Scheduled Time _____ AM PM

Actual Kick off _____ AM PM

End of Game _____ AM PM

Score at half Time _____ H V

REFEREE	_____	Grade	_____	SSN	_____	-	_____	-	_____
A. Referee #1	_____	Grade	_____	SSN	_____	-	_____	-	_____
A. Referee #2	_____	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? _____

Was the visiting team on the field on time? Yes No If not, how late? _____

No. of Spectators _____ approx. _____

Marking of Field Good Fair Poor

Players Passes of the home team were were not received and checked.

Players Passes of the visiting team were were not received and checked.

Line-up of the home team is is not enclosed, not available.

Line-up of the visiting team is is not enclosed, not available.

4th Official Game Log is is not enclosed, not available.

Conduct of Officials of Players of Spectators Excellent Good Fair Poor

Dressing Room for Referee for Players 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 and returned to the proper authority with this report.

Name	Pass No.	Team	Type of Misconduct
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I received _____ Phone # _____

I did not receive the referee fee of \$ _____ Referee Signature : _____ Date _____ 19 _____

For serious assault, severe injury or other substantial occurrences, a photo copy must be sent to Federation Headquarters: 1750 E. Boulder St., Colorado Springs, CO 80909

State Association League Referee