



UNITED STATES SOCCER FEDERATION Revised 9/00

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? _____ No. of Spectators _____ approx.
 Was the visiting team on the field on time? Yes No If not, how late? _____ 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	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Dressing Room for Referee for Players	<input type="checkbox"/> Satisfactory <input type="checkbox"/> 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 _____ 20 _____