



# UNITED STATES SOCCER FEDERATION

## REFEREE REPORT

This report must be mailed within 48 hours after completion of game to proper authorities. Revised 06/99

<b>GAME</b> _____	<div style="border:1px solid black; width:40px; height:40px; margin:auto;"></div>	vs.	<div style="border:1px solid black; width:40px; height:40px; margin:auto;"></div>
Home Team	SCORE		Visiting Team
State Association/ Professional League _____			Division/ Age Group _____
Date of Game _____ 20____			
Field and Address _____ _____ _____			Scheduled Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Actual Kick off _____ <input type="checkbox"/> AM <input type="checkbox"/> PM End of Game _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Score at half Time _____ - <input type="checkbox"/> H <input type="checkbox"/> V

REFEREE _____	Grade _____	SSN _____	- -
A. Referee #1 _____	Grade _____	SSN _____	- -
A. Referee #2 _____	Grade _____	SSN _____	- -
4 <sup>th</sup> Official _____	Grade _____	SSN _____	- -

Field Condition _____	Weather _____	Min. _____	No. of Spectators _____ approx.
Was the home team on the field on _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, how late? _____		
Was the visiting team on the field on time? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, how late? _____	Min. _____	Marking of Field: _____

Players Passes of the home team <input type="checkbox"/> were <input type="checkbox"/> were not received and checked.	Conduct of Officials <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Players Passes of the visiting team <input type="checkbox"/> were <input checked="" type="checkbox"/> were not received and checked.	of Players <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Line-up of the home team <input type="checkbox"/> is <input type="checkbox"/> is not enclosed, <input type="checkbox"/> not available.	of Spectators <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Line-up of the visiting team <input type="checkbox"/> is <input type="checkbox"/> is not enclosed, <input type="checkbox"/> not available.	Dressing Room for Referee <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
4 <sup>th</sup> Official Game Log <input type="checkbox"/> is <input type="checkbox"/> is not enclosed, <input type="checkbox"/> not available.	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 _____
Name _____	Pass No. _____	Team _____	Nature of Injury _____

### Players cautioned during the game

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

<input type="checkbox"/> I received	Phone # _____ ( ) - _____
<input type="checkbox"/> I did not receive the referee fee of \$ _____ .00	Date: _____ / _____ 20____
Referee Signature : _____	

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

☐ State Association   ☐ League   ☐ Referee

MS-Word R.E.B. 1997



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**GAME**

Home Team

SCORE

vs.

Visiting Team

SCORE

State Association/  
Professional League

Division/  
Age Group

Date of Game

20

Referee

**Describe Any Unusual Incident:**

**Remarks:**

**Referee**

**Signature:**

**Report Date:**

/

**20**

**Phone #:**

( )

-

**SSN:**

- -

