



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
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State Association/ Professional League _____ Division/ Age Group _____

Date of Game: _____ Scheduled time: _____
 Field and Address: _____ Actual kick off: _____
 _____ End of game: _____
 _____ Score at half time: _____

REFEREE: _____	Grade: _____	USSF# _____	- - -
A.R. 1: _____	Grade: _____	USSF# _____	- - -
A.R. 2: _____	Grade: _____	USSF# _____	- - -
4th Official: _____	Grade: _____	USSF# _____	- - -

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 **were / were not** received and checked. Conduct of Officials: _____
 Players Passes of the visiting team **were / were not** received and checked. of Players: _____
 Line-up of home team **is / is not enclosed** of Spectators: _____
 Line-up of visiting team **is / is not enclosed** Dressing room for Officials: _____
 4th Official Game Log **is / is not enclosed** 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 Did / Did Not Receive the referee fee of \$ _____

Referee Signature: _____ **Phone #:** () - _____

Date: _____

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



UNITED STATES SOCCER FEDERATION REFEREE SUPPLEMENTARY REPORT

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

A supplementary form explaining circumstances

GAME: _____

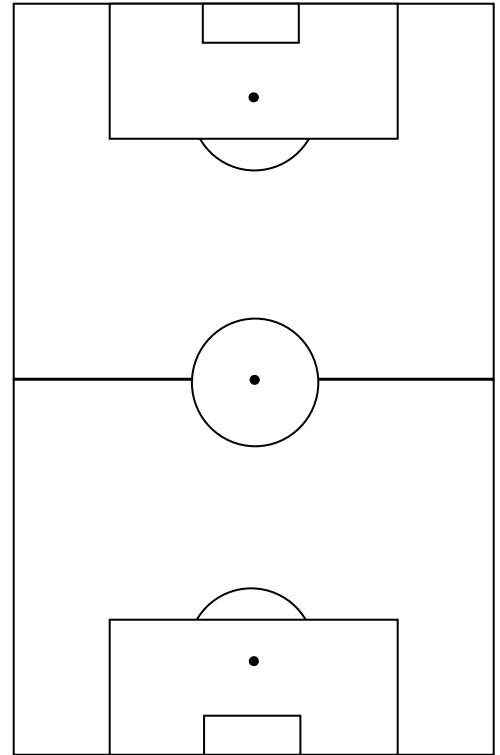
Home Team	Score	Visiting Team	Score
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**State Association/
Professional League** _____ **Division/
Age Group** _____

Date of Game: _____ **Referee:** _____

Describe Any Unusual Incident:

Remarks:



Referee Signature: _____ **Report Date:** _____

Phone #: () - _____ **USSF#:** - - -

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 Distribution: State Association / League / Referee