



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: _____ ID#: _____
 Sr. Assistant: _____ Grade: _____ ID#: _____
 Jr. Assistant: _____ Grade: _____ ID#: _____
 4th Official: _____ Grade: _____ ID#: _____

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 received and checked? _____ Conduct of Officials: _____
 Players Passes of the visiting team were received and checked? _____ of Players: _____
 Line-up of home team? _____ of Spectators: _____
 Line-up of visiting team? _____ 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 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 U.S. Soccer Federation: Fax: (312) 808-1301
 Distribution: State Association / League / Referee



UNITED STATES SOCCER FEDERATION

REFEREE SUPPLEMENTARY REPORT

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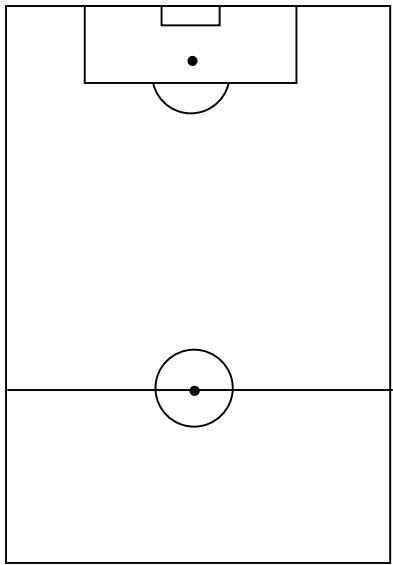
A supplementary form explaining circumstances

GAME: _____ **Home Team** Score _____ **Visiting Team** Score

**State Association/
Professional League** _____ **Division/
Age Group** _____

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

Describe Any Unusual Incident:



Remarks:

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

Phone #: () _____ **Ussf id#:** _____

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