



# 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
-----------	-------	---------------	-------

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: \_\_\_\_\_ SSN: \_\_\_\_\_ - -  
 Sr. Assistant: \_\_\_\_\_ Grade: \_\_\_\_\_ SSN: \_\_\_\_\_ - -  
 Jr. Assistant: \_\_\_\_\_ Grade: \_\_\_\_\_ SSN: \_\_\_\_\_ - -  
 4<sup>th</sup> Official: \_\_\_\_\_ Grade: \_\_\_\_\_ SSN: \_\_\_\_\_ - -

Field Condition: \_\_\_\_\_ Weather: \_\_\_\_\_  
 Was the home team on the field on time? **Yes** If not, how late? \_\_\_\_\_ No. of Spectators: \_\_\_\_\_ approx.  
 Was the visiting team on the field on time? **Yes** If not, how late? \_\_\_\_\_ Marking of field: Good  
 Players Passes of the home team **were** received and checked. Conduct of Officials: Excellent  
 Players Passes of the visiting team **were** received and checked. of Players: Excellent  
 Line-up of home team **is enclosed.** of Spectators: Excellent  
 Line-up of visiting team **is enclosed.** Dressing room for Referee: N/A  
 4<sup>th</sup> Official Game Log **is enclosed.** for Players: N/A

*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 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.*

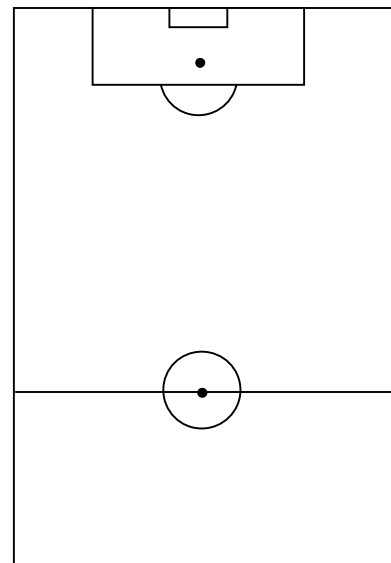
*A supplementary form explaining circumstances*

**GAME:** \_\_\_\_\_ **Home Team** Score \_\_\_\_\_ **Visiting Team** Score

**State Association/ Professional League** \_\_\_\_\_ **Division/ Age Group** \_\_\_\_\_

**Date of Game:** \_\_\_\_\_ **Referee:** \_\_\_\_\_

**Describe Any Unusual Incident:**



**Remarks:**

**Referee Signature:** \_\_\_\_\_ **Report Date:** \_\_\_\_\_

**Phone #:** ( ) - \_\_\_\_\_ **SSN:** - - \_\_\_\_\_

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