



UNITED STATES SOCCER FEDERATION REFEREE REPORT

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

GAME:

	Score		Score
Home Team		Visiting Team	

State Association/ Professional League _____	Division/ Age Group _____
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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 th Official: _____	Grade: _____	SSN: _____	- -	_____

Field Condition:	Weather:	No. of Spectators:	approx.	_____
Was the home team on the field on time?	If not, how late? _____	_____		
Was the visiting team on the field on time?	If not, how late? _____	_____		
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 is enclosed.		of Spectators:		
Line-up of visiting team is enclosed.		Dressing room for Referee:		
4 th Official Game Log is 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 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