



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

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A supplementary form explaining circumstances

GAME: _____

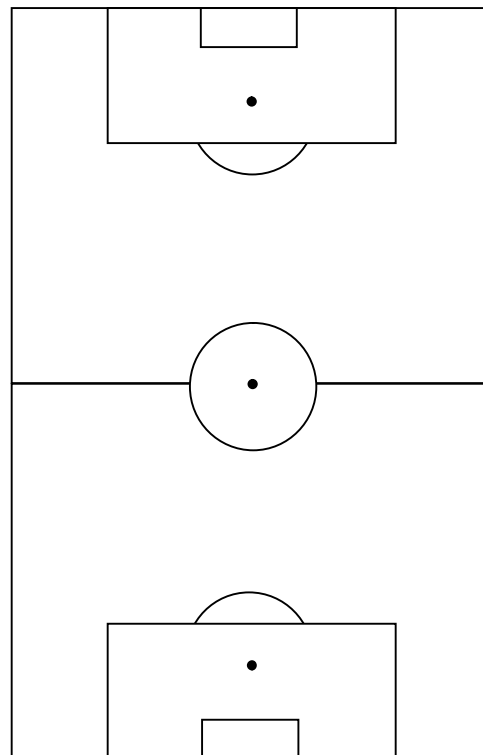
Home Team	Score	Visiting Team	Score
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State Association/ Professional League _____ **Division/ Age Group** _____

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

Describe Any Unusual Incident:

Remarks:



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

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

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