



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: _____
4th 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
4th 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.