



UNITED STATES SOCCER FEDERATION

REFEREE REPORT

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

GAME _____ vs. _____
Home Team SCORE Visiting Team SCORE
 State Association/ Professional League _____ Division/ Age Group _____

Date of Game _____ 19 _____ Scheduled time _____
 Field and Address _____ Actual kick off _____
 _____ End of game _____
 _____ Score at half time _____

REFEREE _____ Grade _____ SSN _____
 Assistant Referee #1 _____ Grade _____ SSN _____
 Assistant Referee #2 _____ Grade _____ SSN _____
 4th Official _____ Grade _____ SSN _____

Field Condition _____ Weather _____
 Was the home team on the field on time? Yes / No If not, how late? _____ No. of Spectators: _____ approx.
 Was the visiting team on the field on time? Yes / No If not, how late? _____ Marking of field: Good / Fair / Poor
 Players Passes of the home team were / were not received and checked.
 Players Passes of the visiting team were / were not received and checked.
 Line-up of home team is / is not enclosed, not available.
 Line-up of visiting team is / is not enclosed, not available.
 4th Official Game Log is / is not enclosed, not available.
 Conduct of Officials: Excellent / Good / Fair / Poor
 of Players: Excellent / Good / Fair / Poor
 of Spectators: Excellent / Good / Fair / Poor
 Dressing room for Referee: Satisfactory / Unsatisfactory
 for Players: Satisfactory / Unsatisfactory

A supplementary form explaining circumstances must accompany any unusual situations.

Serious Injuries during the game

Name	Pass No.	Team	Nature of Injury
Name	Pass No.	Team	Nature of Injury

Players cautioned during the game

Name	Pass No.	Team	Type of Misconduct
Name	Pass No.	Team	Type of Misconduct
Name	Pass No.	Team	Type of Misconduct
Name	Pass No.	Team	Type of Misconduct
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
Name	Pass No.	Team	Type of Misconduct
Name	Pass No.	Team	Type of Misconduct
Name	Pass No.	Team	Type of Misconduct

I received _____ the referee fee of \$ _____ Referee Signature: _____ Phone #: _____
 I did not receive _____ Date _____ 19 _____