



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: _____