



UNITED STATES SOCCER FEDERATION REFEREE REPORT

This report must be sent within 48 hours after the completion of the game to the Competition Authority

Game _____ vs _____
Home Team Score Visiting Team Score

State Association / Professional League _____ Cup/Division _____
Age Group _____

Date of Game _____ Scheduled Time AM PM
Field _____ Actual Kickoff AM PM
Address _____ End of Game AM PM
Score at Halftime home _____ vs away _____

Referee _____ Grade _____ ID # _____
Assistant Referee #1 _____ Grade _____ ID # _____
Assistant Referee #2 _____ Grade _____ ID # _____
Fourth Official _____ Grade _____ ID # _____

Weather _____ Field Conditions _____
Was the home team on the field on time? Yes NO If not, how late _____ Field Markings Good Fair Poor
Was the visiting team on the field on time? Yes NO If not, how late _____ No. of Spectators _____ approx.
Player Passes
of the home team were were not received and checked
of the visiting team were were not received and checked
Line-up
of the home team is is not enclosed, available
of the visiting team is is not enclosed, available
4th Official Log is is not enclosed, available
Conduct
of Officials Excellent Good Fair Poor
of Players Excellent Good Fair Poor
of Spectators Excellent Good Fair Poor
Dressing Room
for Referees n/a satisfactory unsatisfactory
for Players n/a satisfactory unsatisfactory

A Supplementary Referee Report explaining circumstances must accompany any unusual situations.

Serious injuries during the game:

Name _____ Pass # _____ Team _____ Nature of Injury _____
Name _____ Pass # _____ Team _____ Nature of Injury _____

Players cautioned during the game:

Name _____ Pass # _____ Team _____ Type of Misconduct _____
Name _____ Pass # _____ Team _____ Type of Misconduct _____
Name _____ Pass # _____ Team _____ Type of Misconduct _____
Name _____ Pass # _____ Team _____ Type of Misconduct _____
Name _____ Pass # _____ Team _____ Type of Misconduct _____

Players sent off the field: (Player passes must be retained after the game and returned to the competition authority with a copy of the Referee Reports)

Name _____ Pass # _____ Team _____ Type of Misconduct _____
Name _____ Pass # _____ Team _____ Type of Misconduct _____
Name _____ Pass # _____ Team _____ Type of Misconduct _____

I received the Referee fee of \$ _____ Referee Signature _____
I did not receive the Referee fee of \$ _____ Phone # () - x _____ Date / /

For any Referee assault or abuse, severe injury, or other substantial or unusual occurrences a copy of the Referee Report and Supplementary Report must be sent to your State Association