

**U.S. Soccer Federation Referee Program
Referee Report
May 2012**

Complete and submit this form to the appropriate competition authorities (e.g., local league, tournament director, cup coordinator, etc.) as directed. If needed, and in addition to the U.S. Soccer Referee Report, the U.S. Soccer Supplemental Referee Report can be used for instances of referee assault, referee abuse, dismissal of team officials, sending-off offences, serious injuries, game abandonment or other substantial occurrences.

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| --- | --- | --- | --- | --- |
| Home Team: |       |  | Score: |      |
| Away Team: |       |  | Score: |      |
| Association/League: |       |
| Division/Age Group: |       |
| Game Date: |       |
| Referee: |       |  | Grade: |  |
| Assistant Referee 1: |       |  | Grade: |  |
| Assistant Referee 2: |       |  | Grade: |  |
| Fourth Official: |       |  | Grade: |  |

Cautions/Yellow Cards:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Pass/ID Number | Team | Misconduct Type |
|       |       |       |  |
|       |       |       |  |
|       |       |       |  |
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|       |       |       |  |
|       |       |       |  |

Send Offs/Red Cards:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Pass/ID Number | Team | Misconduct Type |
|       |       |       |  |
|       |       |       |  |
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| --- | --- | --- | --- | --- |
| Name: |       |  | Date: |       |
| USSF ID Number: |       |
| Phone Number: |       |
| Email Address: |       |



**U.S. Soccer Federation Referee Program
Supplemental Referee Report
May 2012**

For instances of referee assault or referee abuse, complete and submit this form, along with a U.S. Soccer Referee Report, to the competition authorities (e.g., local league, tournament director, cup coordinator, etc.), State President with jurisdiction for the competition and State Referee Administrator. Please see U.S. Soccer Federation Policy 531-9 for more information about misconduct towards game officials.

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| --- | --- | --- | --- | --- |
| Home Team: |       |  | Score: |      |
| Away Team: |       |  | Score: |      |
| Association/League: |       |
| Division/Age Group: |       |
| Game Date: |       |

Statement *(Field limited to 1500 characters. Use Supp2 for more dialog))*:

|  |  |  |
| --- | --- | --- |
| Enter statement here - only facts, no opinions. Include who, what, when & where. |  |  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |       |  | Date: |       |
| USSF ID Number: |       |
| Phone Number: |       |
| Email Address: |       |