REFEREE GAME REPORT

(Please mark appropriate League)

(Please mark appropriate League)

Home Team _____Score ( ) Vs. _____ Score ( )

Game Date _____ Shootout Score (-)

Location _____

Referee Name _____ Signature _____

Time of Start _____ If Late, Why? _____

Time of 2nd Half Start _____ If Late, Why? _____

TO BE COMPLETED BY THE REFEREE AND FAXED BY THE HOME TEAM TO:
THE USL, 813.963.3807

CAUTIONS

NAME	No.	TEAM	Min.	EXPLANATION	Cd.

Please describe cautionable offenses in the following manner**(code):** unsporting behavior **(UB, a-o)**--Explanation necessary; Dissent **(DT)**; Persistent Infringement **(PI)**--Explanation necessary; Delay Restart **(DR, a-e)**--Explanation necessary; Fails to Respect Distance **(FRD)**--Explanation necessary; Enters or Reenters **(E)**; Deliberately Leaves **(L).**

SEND-OFFS/DISMISSALS

NAME	No.	TEAM	Min.	EXPLANATION	Cd.

Please describe send-off offenses in the following manner **(code)**: Serious Foul Play **(SFP);** Violent Conduct **(VC);** Spits at Opponents /Persons **(S)**; Denied Goal by Hand **(DGH);** Denies Goal/Opportunity by Foul **(DGF);** Abusive Language **(AL)**; Second Caution **(2C)**.

ADDITIONAL COMMENTS:

Use USSF Supplemental Report when necessary.

MINIMUM STANDARDS:

(Please Circle Y or N)

FIELD PROPERLY MARKED	Y	N	MATCHING UNIFORMS/WARM-UP	Y	N	AMBULANCE ON SITE	Y	N
OPERATIONAL SCOREBOARD	Y	N	LEAGUE PATCH ON UNIFORM	Y	N	TOWELS FOR REFEREE	Y	N
SUB CARDS FOR 4TH OFFICIAL	Y	N	NAME AND NUMBER ON UNIFORM	Y	N	TRAINER &/OR DR. PRESENT	Y	N
REFEREE OWN LOCKER ROOM	Y	N	INTRODUC./ANTHEM/FLAG	Y	N	WATER PRE/POST GAME FOR REF	Y	N
AT LEAST 14 ELIGIBLE PLYRS	Y	N						