



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 the referee fee of \$ .

Referee Signature: \_\_\_\_\_ Phone #: ( ) -

Date:

*For additional remarks use supplementary sheet.*

For serious assault, severe injury, or other substantial occurrences, a photo copy must be sent to Federation Headquarters: Fax: (312) 808-9572  
Distribution: State Association / League / Referee

Oct/06

## UNITED STATES SOCCER FEDERATION REFEREE SUPPLEMENTARY REPORT

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



*A supplementary form explaining circumstances*

GAME: \_\_\_\_\_

<b>Home Team</b>	Score	<b>Visiting Team</b>	Score
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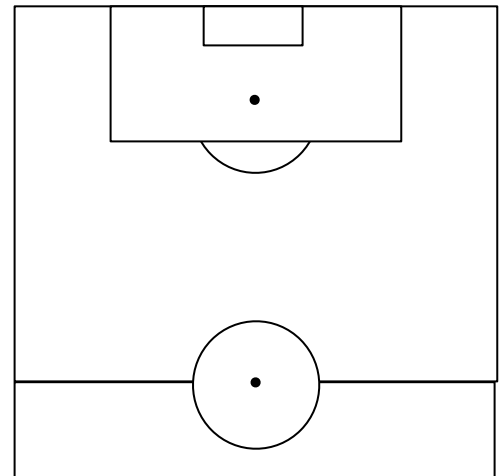
State Association/ Division/  
Professional League Age Group

\_\_\_\_\_

Date of Game: \_\_\_\_\_ Referee: \_\_\_\_\_

**Describe Any Unusual Incident:**

**Remarks:**



**Referee Signature:** \_\_\_\_\_ **Report Date:** \_\_\_\_\_

**Phone #:** (    ) - \_\_\_\_\_

**USSF#:** - - - \_\_\_\_\_

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