American Youth Soccer Organization
REFEREE REPORT

Game: ___________________________  Final Score:________        ____________________________  Final Score:_______

Home Team                                                                               Visiting Team
Coach:________________________________                                  Coach:_______________________________
Region/Area/Section: ___/___/___             Region/Area/Section: ___/___/___
Field Location: ___________________ Gender/Age Group: _______U-____  Date of Game:________    Start Time:_______

Referee:                 ______________________________________ Level: ______________
Assistant Referee: ______________________________________ Level: ______________
Assistant Referee: ______________________________________ Level: ______________
4th Official:             ______________________________________ Level: ______________

Field Conditions: _________________________________________  Weather:________________________________________

Other Conditions affecting the game or incident:   Number of Spectators: _________
______________________________________________   Conduct (Circle)
______________________________________________   Officials:    Excellent—Good—Fair—Poor
______________________________________________   Players:    Excellent—Good—Fair—Poor
______________________________________________   Coaches:    Excellent—Good—Fair—Poor
______________________________________________   Spectators: Excellent—Good—Fair—Poor
ID Card attached (if required)____     Line-up Card of home team is attached____
Line-up Card of visiting team is attached____

The “Referee Report Details” page must be completed any unusual situation including, serious injury, send off and incidents involving coaches & spectators.

Serious injury during the game

<table>
<thead>
<tr>
<th>Name</th>
<th>#</th>
<th>Team</th>
<th>Nature of Injury</th>
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Players cautioned during the game

<table>
<thead>
<tr>
<th>Name</th>
<th>#</th>
<th>Team</th>
<th>Type of Misconduct</th>
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Players sent off the field- If player passes are used, they must be retained after the game and returned to the proper authority with this report

<table>
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</tbody>
</table>

Referee Signature:______________________________________ Telephone:_______________  E-Mail:___________________

Assistant Referee Signature:___________________________     Assistant Referee Signature:__________________________

Date:_______________  For additional injuries and misconduct use additional sheets

Serious assault, serious injury, or substantial occurrence- a copy of this report must be submitted to the Region Safety Director, Regional Commissioner, Area and Section Director.  ID passes for serious injury or coach send off may be required to be attached. Contact sanctioning body for requirements.
American Youth Soccer Organization
REFEREE REPORT DETAILS

Game: ___________________________                                      ____________________________
Home Team                                                                             Visiting Team

Region/Area/Section: ___/___/___    Region/Area/Section: ___/___/___

Gender/Age Group: ________U-___

Describe Any Unusual Incident or Send Off

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Remarks:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Referee Signature:______________________________________ Telephone:_______________  E-Mail:___________________

Assistant Referee Signature:____________________________     Assistant Referee Signature:_________________________

Date:_____________

For additional description or remarks use additional sheets

Serious assault, serious injury, or substantial occurrence- a copy of this report must be submitted to the Region Safety Director, Regional Commissioner, Area and Section Director. ID passes for serious injury or coach send off may be required to be attached. Contact sanctioning body for requirements.