

PREMIER LEAGUE CENTRAL REFEREE REPORT

*This report must be completed and signed by the game official.
This report must be retained by team managers until the completion of the season. The results
must be posted on HOTSTAT within 48 hours.*

**IF ANY PLAYERS OR COACHES ARE SENT OFF OR A PLAYER IS SERVING A
SUSPENSION THIS REPORT MUST BE FILED WITH PAT GOTTUNG AT
gottung@bellsouth.net (preferred) Fax: 985-626-8644 (alternative) WITHIN 48 HOURS
AFTER COMPLETION OF THE MATCH BY BOTH TEAM MANAGERS OR COACHES.**

GAME: _____

Home Team	Score	Visiting Team	Score
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State Association/ _____ Age Group _____

Date of Game: _____	Scheduled time: _____
Field and Address: _____	Actual kick off: _____
_____	End of game: _____
_____	Score at half time: _____
_____	_____

REFeree: _____	Grade: _____	SSN: _____ - -
Sr. Assistant: _____	Grade: _____	SSN: _____ - -
Jr. Assistant: _____	Grade: _____	SSN: _____ - -

A supplementary form explaining circumstances must accompany any unusual situations.

Serious injuries during the game.

Name	Pass No.	Team	Nature of Injury

Players cautioned during the game.

Name	Pass No.	Team	Type of Misconduct

Players sent off the field—Player passes should NOT be retained after the game .

Name	Pass No.	Team	Type of Misconduct

Players serving a send off —Player must be on the game roster to serve the suspension.

Name	Pass No.	Team	Date of Game Send Off Occurred

I did not receive the referee fee of \$ _____

Referee Signature: _____ **Phone #:** () - _____

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



UNITED STATES SOCCER FEDERATION REFEREE SUPPLEMENTARY REPORT

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

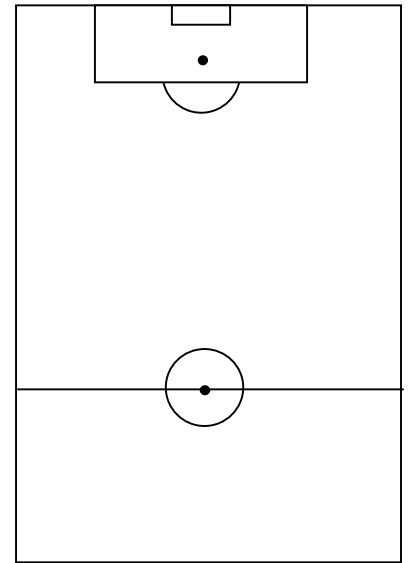
A supplementary form explaining circumstances

GAME: _____ **Home Team** Score _____ **Visiting Team** Score

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

Date of Game: _____ **Referee:** _____

Describe Any Unusual Incident:



Remarks:

Referee Signature: _____ **Report Date:** _____

Phone #: () - _____ **SSN:** - - _____

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