

**SOUTH COAST REFEREE ASSOCIATION
REFEREE REPORT**

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

Association _____ Cup _____
 League _____ Division _____
 Exhibition _____

Date of Game: _____, 20_____ Field and Address: _____ _____ _____	Scheduled time: _____ AM/PM Actual kick off: _____ AM/PM End of game: _____ AM/PM Score at half time: _____
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REFEREE _____ Assistant #1 _____
 Assistant #2 _____

Conditions of field: _____ Weather: _____ Was the home team on the field on time? Yes/ No If not, how late? _____ Was the visiting team on the field on time? Yes/No If not, how late? _____ Players Passes of home team were/were not received and checked. Players Passes of visiting team were/were not received and checked. Line-up of home team is/ is not enclosed, not available. Line-up of visiting team is/is not enclosed, not available.	No. of Spectators: _____ approx. Markings of field: Good/Fair/Poor of Officials: Excellent/Good/Fair/Poor Conduct: of Players: Excellent/Good/ Fair/Poor of Spectators: Excellent/Good/Fair/Poor Dressing room for: Referee: satisfactory / unsatisfactory Players: satisfactory / unsatisfactory
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A supplementary form explaining circumstances must accompany any of the following situations.

Injuries during the game:

Name	Pass No.	Team	Nature of Injury
Name	Pass No.	Team	Nature of Injury
Name	Pass No.	Team	Nature of Injury

Players cautioned during the game:

Name	Pass No.	Team	Nature of Misconduct
Name	Pass No.	Team	Nature of Misconduct
Name	Pass No.	Team	Nature of Misconduct

Players sent off the field:

Name	Pass No.	Team	Nature of Misconduct
Name	Pass No.	Team	Nature of Misconduct
Name	Pass No.	Team	Nature of Misconduct

I received _____
 I did not receive _____ the referee fee of \$ _____ Referee Signature: _____

Date: _____, 20____

For additional remarks use supplementary sheet.

