

INSTRUCTIONS

This form is in duplicate. The first copy is to be sent to the State Office within 48 hours after the completion of the match. The second copy is for your records.

PLEASE REMEMBER THERE ARE ONLY SEVEN REASONS TO **CAUTION** A PLAYER. THEY ARE:

CAUTION:

- Persistent infringement
- Unsporting Behavior
- Dissent
- Delays restart of game
- Leaves field of play without permission
- Enters/Re-enters field without permission
- Respect distance

THERE ARE SEVEN REASONS FOR **SENDING** A PLAYER OFF THE FIELD OF PLAY. THEY ARE:

SEND OFF:

- Uses offensive, insulting or abusive language
- Denies goal with hands
- Is guilty of violent conduct
- Denies goal by DFK foul
- Spits
- Is guilty of serious foul play
- Receives 2nd caution

PLEASE REMEMBER THAT YOU ARE TO REPORT ALL MISCONDUCT AS QUOTED BELOW:

THE REFEREE SHALL REPORT TO THE STATE OFFICE MISCONDUCT OR ANY MISDEMEANOUR ON THE PART OF SPECTATORS, OFFICIALS, PLAYERS, NAMED SUBSTITUTES OR OTHER PERSONS WHICH TAKE PLACE EITHER ON THE FIELD OF PLAY OR IN ITS VICINITY AT ANY TIME PRIOR TO, DURING, OR AFTER THE MATCH IN QUESTION SO THAT APPROPRIATE ACTION CAN BE TAKEN BY THE AUTHORITY CONCERNED."

IT IS IMPORTANT THAT YOU REPORT ALL SERIOUS INJURIES. THIS IS TO PROTECT YOU AND THE ASSOCIATION IN THE EVENT THAT AN INSURANCE CLAIM IS FILED.

MAIL FORM [with Player Pass(es) if ejection occurs] TO STATE OFFICE ADDRESS:

**PA WEST SOCCER ASSOCIATION
SUITE 855 MACBETH DRIVE
MONROEVILLE, PA 15146**

VIOLENT CONDUCT MAY RESULT IN A HEARING AND A MULTI GAME SUSPENSION. BE SURE THAT WHAT YOU ARE REPORTING AS VIOLENT CONDUCT IS VIOLENT CONDUCT. *You must file a supplemental form with details to the State Office.*

REFEREE ABUSE OR ASSAULT MAY RESULT IN A HEARING AND A MULTI GAME SUSPENSION. BE SURE THAT WHAT YOU ARE REPORTING AS ABUSE OR ASSAULT IS ABAUSE OR ASSAULT. *You must file a supplemental form with details to the State Office. You must notify the SRA within 48 hours.*

PAWest UNITED STATES SOCCER FEDERATION
REFEREE REPORT



GAME _____ vs. _____
Home Team Visiting Team

League _____ Age group Sunday Travel GPSL/WGPSL
 Classic/Premier O 30/40
 Youth Amateur Division Tournament _____
Name of Tournament

Date of Game _____ 19 _____

Field and Address _____

Scheduled time _____ AM/PM
 Actual Kick off _____ AM/PM
 End of game _____ AM/PM
 Score at half time _____

REFeree _____ Linesman #1 _____
 Linesman #2 _____

Players cautioned during the game

Name	Pass No.	Team	Type of Misconduct
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Players sent off the field - Player passes must be kept and sent in to state office with this report. Coach/Player Pass Enclosed

Name	Pass No.	Team	Type of Misconduct	<input type="checkbox"/> Yes
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Injuries during the game

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

Date _____ 19 _____ Referee Signature: _____