

Fairfield Area SAY Soccer Referee Report for Send Offs

Submit a separate report for each person sent off from a game.

Game date ____/____/____ Location _____

SAY Area and/or District _____

Scheduled start time: _____ Actual start time: _____ Age Group: _____

Home team: _____ Visitor: _____

Scoring:

1st Q: _____ 2nd Q: _____ 3rd Q: _____ 4th Q: _____ Final: _____

Player's name: _____ Number: _____ Team: _____

Reason for send off (circle only one)

1. Serious foul play.
2. Violent conduct.
3. Spits at an opponent or any other person.
4. Denied an opponent a goal or obvious goal scoring opportunity by deliberately handling the ball.
5. Denied an obvious goal scoring opportunity to an opponent moving towards the player's goal.
6. Offensive, insulting or abusive language.
7. Received a second caution in the same match.

Explanation (give full details of the incident): _____

(Use additional pages if needed)

Referee name: _____ Phone number () _____

Asst. #1 name: _____ Phone number () _____

Asst. #2 name: _____ Phone number () _____