



REFEREE REPORT

This report must be completed, signed and submitted to the proper authority by the Game Referee.

Team _____	Score _____	Team _____	Score _____
Jersey Color _____		Color _____	

Age Group _____ Division _____

Date of Game: _____	Scheduled time: _____
Field Name: _____	Actual kick off: _____
City: _____	End of game: _____
Field Number: _____	Score at half time: _____

REFEREE: _____ Grade: _____ Phone: () - _____
 Ref Email _____
 Sr. Assist. Ref: _____ Grade: _____ Phone: () - _____
 SAR Email _____
 Jr. Assist. Ref: _____ Grade: _____ Phone: () - _____
 JAR Email _____

**The MRL Supplementary Report Form must accompany this report if any SEND OFFS occur or to explain any unusual circumstances.
 BE SURE TO COLLECT TEAM LINE UP CARDS FROM BOTH TEAMS
 AND SUBMIT WITH THIS REPORT**

Serious injuries during the game.

Team	Number	Name	Nature of Injury

Players cautioned during the game.

Team	Number	Name	Type of Misconduct

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

Team	Number	Name	Type of Misconduct

Referee
 Signature: _____

Phone #: () - _____

MRL Referee Report (with Team Line Up Cards) is to be submitted to the Local Site Coordinator at conclusion of match. If there is no Local Site Coordinator, the Referee shall file this report with the Team Line Up Cards with the MRL via email to mrlcommissioner@usyouthsoccer.org