CONNECTICUT JUNIOR SOCCER ASSOCIATION
REFEREE REPORT

This report and the game day roster must be e-mailed, mailed, or faxed to the CJSA office within 48 hours after completion of the game

Game Location _____ Scheduled Time _____ ☐ AM ☐ PM

Game _____ ☐ vs. Game _____ ☐
Home Team Score Visiting Team Score

State Association Connecticut Junior Soccer Age Group U ☐

Date of Game _____ Boys ☐ Girls ☐

Competition Type (check one): Actual Kickoff _____ ☐ AM ☐ PM

☐ Premier League ☐ District League ☐ Cup End of Game _____ ☐ AM ☐ PM

☐ Non League ☐ Recreation Score at Halftime home ☐ vs. away ☐

Referee _____ Grade _____

Assistant Referee #1 _____ Grade _____

Assistant Referee #2 _____ Grade _____

Weather _____ Field Conditions _____

A supplementary form must accompany the referee report explaining circumstances in any unusual situations.

Serious injuries during the game:

Name	Pass #	Team	Nature of Injury

Players cautioned during the game:

Name	Pass #	Team	Type of Misconduct

Players/Coach sent off the field: *(Players and/or coaches passes must be retained after the game and sent to CJSA with the report and rosters)*

Name	Pass #	Team	Type of Misconduct

Referee Signature: _____

Phone # _____ Date: _____

****E-Mail completed form to: office@cjsa.org OR**

****Mail or fax completed report to:** **CJSA Office**

11 Executive Drive
Farmington, CT 06032
Fax 860-676-1162

In the case of Referee Assault or Referee Abuse notify the CJSA President Immediately.

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