



Greater Atlanta Women's Soccer Association

United States Soccer Federation

Referee Report

This report must be mailed, faxed or emailed or submitted online within 48 hours after completion of game to proper authorities. 3469 Mill Bridge Drive, Marietta, GA 3006.

www.gawsa.org
vicepresident.gawsa@gmail.com

GAME:

Home Team	Score	Visiting Team	Score
Competition /League <u>Greater Atlanta Women's Soccer Association</u>		Division/Age Group _____	
Date of Game (mm/dd): _____, 20____		Scheduled time: _____	
Field: _____		Actual kick off: _____	
_____		End of game: _____	
Match #: _____		Score at half time: _____	
REFeree: _____		AR #1 _____	
4 th official _____		AR #2 _____	
_____		_____	

Field Condition: Good/Fair/Poor	Marking of field:	Good/Fair/Poor
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? _____	_____
Player Passes of the home team received and checked.(YES/NO) Yes / No	Conduct of Home Team:	Good/Fair/Poor
Player Passes of the visiting team received and checked. (YES/NO) Yes / No	Conduct of Away Team:	Good/Fair/Poor
Home Team Roster matched to player passes (YES/NO) Yes / No	Conduct of Spectators:	Good/Fair/Poor
Away Team Roster matched to player passes (YES/NO) Yes /No	No. of Spectators: _____ (approx.)	_____

I will submit Team Rosters and Referee Report to OASA or the hiring league within 48 hours of this match (YES/NO): **Yes / No**

A supplementary form explaining circumstances listed below must accompany any unusual situations.

Serious injuries during the game.

Name	Pass No.	Expiration Date	Team	Nature of Injury



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Players cautioned during the game.

Name	Pass No.	Expiration Date	Team	Type of Misconduct

Players sent off the field—Player passes must be retained after the game and returned to OASA with this report.

Name	Pass No.	Expiration Date	Team	Type of Misconduct

In the case of referee assault or abuse, you must call the State Referee Administrator and the GSSA immediately.

Signature _____ Date _____

If any player was ejected, or there was a serious injury, you must complete Page 3, Supplemental Report



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GAME:

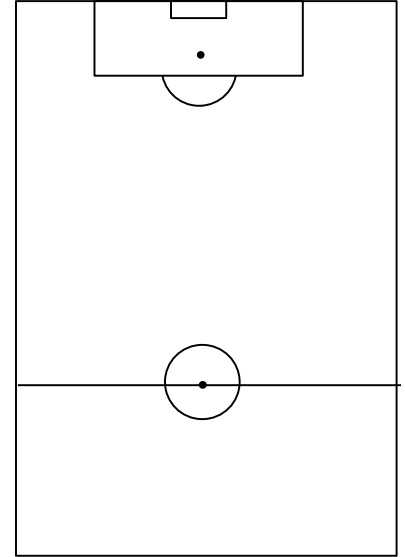
		V.		
Home Team	Score		Visiting Team	Score

Date of Game: _____

Match #: _____

Referee: _____

Describe Any Unusual Incident(s): Please provide details including the timing of any misconduct, the players' names, jersey numbers and a description of the misconduct. If additional space is needed, please attach additional sheets as necessary.



Remarks:

Referee

Signature: _____

Date: _____