



# CONNECTICUT JUNIOR SOCCER ASSOCIATION REFEREE REPORT

*This report must be mailed within 24 hours after completion of game to proper authorities*

Game \_\_\_\_\_  vs \_\_\_\_\_   
Home Team Score Visiting Team Score

Competition \_\_\_\_\_ Division \_\_\_\_\_ Age Group \_\_\_\_\_ Boys  Girls

Date of Game \_\_\_\_\_ Scheduled Time \_\_\_\_\_  AM  PM  
 Field and Address \_\_\_\_\_ Actual Kickoff \_\_\_\_\_  AM  PM  
 \_\_\_\_\_ End of Game \_\_\_\_\_  AM  PM  
 \_\_\_\_\_ Score at Halftime home \_\_\_\_\_ vs away \_\_\_\_\_

Referee \_\_\_\_\_ Grade \_\_\_\_\_  
 Assistant Referee 1 \_\_\_\_\_ Grade \_\_\_\_\_  
 Assistant Referee 2 \_\_\_\_\_ Grade \_\_\_\_\_

Weather \_\_\_\_\_ Field Conditions \_\_\_\_\_  
 No. of Spectators \_\_\_\_\_ approx. Field Markings  Good  Fair  Poor

**Player Passes** | **Line-up**

of the home team  were  were not received and checked | of the home team  is  is not enclosed, available  
 of the visiting team  were  were not received and checked | of the visiting team  is  is not enclosed, available

*A Supplementary Referee Report must accompany the Referee Report explaining circumstances in any unusual situations.*

### Serious injuries during the game:

Name _____	Pass # _____	Team _____	Nature of Injury _____
Name _____	Pass # _____	Team _____	Nature of Injury _____

### Players cautioned during the game:

Name _____	Pass # _____	Team _____	Type of Misconduct _____
Name _____	Pass # _____	Team _____	Type of Misconduct _____
Name _____	Pass # _____	Team _____	Type of Misconduct _____
Name _____	Pass # _____	Team _____	Type of Misconduct _____
Name _____	Pass # _____	Team _____	Type of Misconduct _____

### Players sent off the field:

*(Player passes must be retained after the game and returned to the proper authority with this report.)*

Name _____	Pass # _____	Team _____	Type of Misconduct _____
Name _____	Pass # _____	Team _____	Type of Misconduct _____
Name _____	Pass # _____	Team _____	Type of Misconduct _____

Referee Signature \_\_\_\_\_ Phone # \_\_\_\_\_ Date \_\_\_\_\_

*For State League or Cup games CJSA Office  
 mail or fax completed reports to: 11 Executive Drive  
 Fanmington, Ct.06032  
 Phone 860-676-1161  
 Fax 860-676-1162*

*For District League games mail or fax  
 completed reports to your District  
 Administrator. All "SENDOFFS" must  
 be reported to the CJSA Office.*

***In case of Referee Assault or Referee Abuse notify the CJSA president immediately.***



# UNITED STATES SOCCER FEDERATION SUPPLEMENTARY REFEREE REPORT

*This report must be mailed within 48 hours after completion of game to proper authorities.*

Game \_\_\_\_\_ vs \_\_\_\_\_  
Home Team Score Visiting Team Score

State Association / Division /  
Professional League Age Group

Date of Game Referee

**Describe Any Unusual Incident:**

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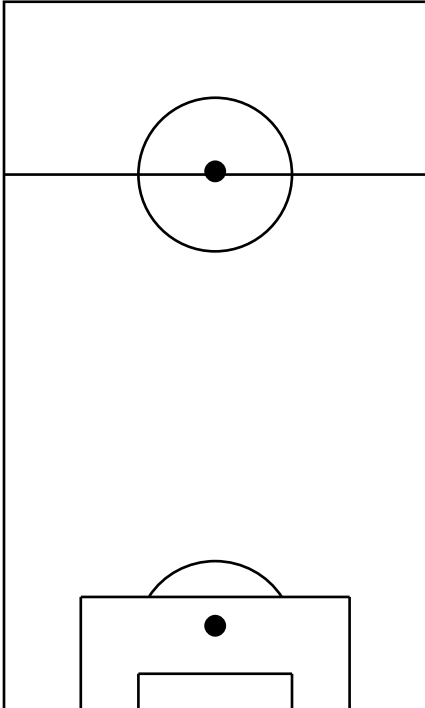
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goal

**Remarks:**

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Referee Signature \_\_\_\_\_ ID# \_\_\_\_\_

Phone # \_\_\_\_\_ Report Date \_\_\_\_\_