



REFEREE SEND-OFF REPORT

(Report must be filed within 48 hours)

(Please Print)

Name of Individual: _____ Pass #: _____

Individual Sent Off was: Player Jersey #: _____ Coach

Team Code/Number: _____ Team Color: _____ Team Name: _____

Home Team Number & Color: _____ Visitors' Team Number & Color: _____

Game Date: _____ Field: _____ City: _____

League: _____ Age Group: _____ Game Time: _____

Violent Conduct/Serious Foul Play (Mark the appropriate boxes)

- | | | | | | |
|--|-----------------------------------|-----------------------------------|----------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> Striking or attempting to strike | <input type="checkbox"/> teammate | <input type="checkbox"/> opponent | <input type="checkbox"/> referee | <input type="checkbox"/> coach | <input type="checkbox"/> spectator |
| <input type="checkbox"/> Pushing | <input type="checkbox"/> teammate | <input type="checkbox"/> opponent | <input type="checkbox"/> referee | <input type="checkbox"/> coach | <input type="checkbox"/> spectator |
| <input type="checkbox"/> Spitting at | <input type="checkbox"/> teammate | <input type="checkbox"/> opponent | <input type="checkbox"/> referee | <input type="checkbox"/> coach | <input type="checkbox"/> spectator |
| <input type="checkbox"/> Kicking or attempting to kick | <input type="checkbox"/> teammate | <input type="checkbox"/> opponent | <input type="checkbox"/> referee | <input type="checkbox"/> coach | <input type="checkbox"/> spectator |
| <input type="checkbox"/> Threatening Gesture | <input type="checkbox"/> teammate | <input type="checkbox"/> opponent | <input type="checkbox"/> referee | <input type="checkbox"/> coach | <input type="checkbox"/> spectator |
| <input type="checkbox"/> Jumping at | <input type="checkbox"/> teammate | <input type="checkbox"/> opponent | <input type="checkbox"/> referee | <input type="checkbox"/> coach | <input type="checkbox"/> spectator |
| <input type="checkbox"/> Holding | <input type="checkbox"/> teammate | <input type="checkbox"/> opponent | <input type="checkbox"/> referee | <input type="checkbox"/> coach | <input type="checkbox"/> spectator |
| <input type="checkbox"/> Charging at | <input type="checkbox"/> teammate | <input type="checkbox"/> opponent | <input type="checkbox"/> referee | <input type="checkbox"/> coach | <input type="checkbox"/> spectator |
| <input type="checkbox"/> Tripping | <input type="checkbox"/> teammate | <input type="checkbox"/> opponent | <input type="checkbox"/> referee | <input type="checkbox"/> coach | <input type="checkbox"/> spectator |
| <input type="checkbox"/> Violent tackle from behind with little or no attempt to play ball | | | | | |
| <input type="checkbox"/> Foul to prevent a goal-scoring opportunity | | | | | |
| <input type="checkbox"/> Handball to prevent a goal-scoring opportunity | | | | | |
| <input type="checkbox"/> Fighting <input type="checkbox"/> Joining fight in progress | | | | | |
| <input type="checkbox"/> Other (be specific) _____ | | | | | |

*Please indicate if ball was in or out of play and any other additional comments (use reverse side of white copy if more space is needed):

Foul or Abusive Language/Gesture

Specific Language or Gesture: _____

Directed at: Self Teammate Opponent Coach Referee Spectator

Persistent Misconduct after a Caution: (Mark the appropriate boxes)

- Dissent Ungentlemanly/Unsportsmanlike Conduct Persistent Infringement Entering/Leaving Field Without Permission

(Please Print)

Referee: _____ Address: _____ Phone: _____

Line 1: _____ Address: _____ Phone: _____

Line 2: _____ Address: _____ Phone: _____

FOR LEAGUE USE ONLY

Suspension _____ Games Other Penalty: _____

League Official Position Date

White Copy - Director of Arbitration

Yellow Copy - Head of Referees

Pink Copy - Maintain for Personal Records