



# KANSAS SOCCER ASSOCIATION REFEREE REPORT

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

**GAME:** \_\_\_\_\_

<b>Home Team</b>	<b>Score</b>	<b>Visiting Team</b>	<b>Score</b>
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State Association/ League Name \_\_\_\_\_ Division/ Age Group \_\_\_\_\_

Date of Game: \_\_\_\_\_ Scheduled time: \_\_\_\_\_  
 Field and Address: \_\_\_\_\_ Actual kick off: \_\_\_\_\_  
 \_\_\_\_\_ End of game: \_\_\_\_\_  
 \_\_\_\_\_ Score at half time: \_\_\_\_\_

REFEREE: \_\_\_\_\_ Grade: \_\_\_\_\_ ID #: \_\_\_\_\_  
 Sr. Assistant: \_\_\_\_\_ Grade: \_\_\_\_\_ ID #: \_\_\_\_\_  
 Jr. Assistant: \_\_\_\_\_ Grade: \_\_\_\_\_ ID #: \_\_\_\_\_  
 4<sup>th</sup> Official: \_\_\_\_\_ Grade: \_\_\_\_\_ ID #: \_\_\_\_\_

Field Condition: \_\_\_\_\_ Weather: \_\_\_\_\_  
 Was the home team on the field on time? **Yes** If not, how late? \_\_\_\_\_ No. of Spectators: \_\_\_\_\_ approx.  
 Was the visiting team on the field on time? **Yes** If not, how late? \_\_\_\_\_ Marking of field: Good  
 Players Passes of the home team **were** received and checked. Conduct of Officials: Excellent  
 Players Passes of the visiting team **were** received and checked. of Players: Excellent  
 Line-up of home team **is enclosed.** of Spectators: Excellent  
 Line-up of visiting team **is enclosed.** Dressing room for Referee: N/A  
 4<sup>th</sup> Official Game Log **is enclosed.** for Players: N/A

*A supplementary form explaining circumstances must accompany any unusual situations.*

**Serious injuries during the game.**

Name	Pass No.	Team	Nature of Injury

**Players cautioned during the game.**

Name	Pass No.	Team	Type of Misconduct

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

Name	Pass No.	Team	Type of Misconduct

**Referee**  
**Signature:** \_\_\_\_\_ **Phone #:** ( ) - \_\_\_\_\_

Date: \_\_\_\_\_

*For additional remarks use supplementary sheet.*

For serious assault, severe injury, or other substantial occurrences, a photo copy must be sent to Kansas Soccer Association Fax # 316-634-1448  
Mailing Address: 2043 Lori Lane, Wichita, KS 67207

Distribution: State Association / League / Referee



# KANSAS SOCCER ASSOCIATION REFEREE SUPPLEMENTARY REPORT

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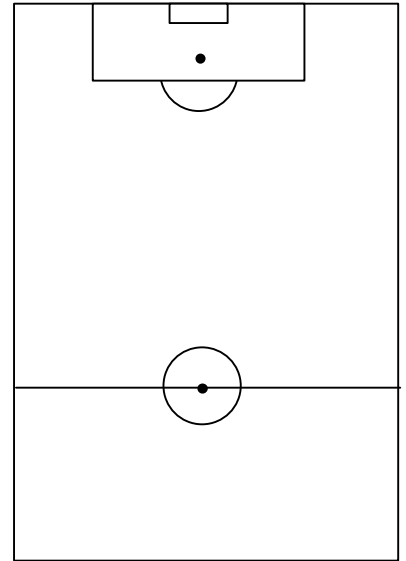
*A supplementary form explaining circumstances*

**GAME:** \_\_\_\_\_ **Home Team** Score \_\_\_\_\_ **Visiting Team** Score

**State Association/  
Professional League** \_\_\_\_\_ **Division/  
Age Group** \_\_\_\_\_

**Date of Game:** \_\_\_\_\_ **Referee:** \_\_\_\_\_

**Describe Incident that caused Red Card:**



**Remarks:**

**Referee Signature:** \_\_\_\_\_ **Report Date:** \_\_\_\_\_

**Phone #:** ( ) - \_\_\_\_\_ **Referee Id #:** \_\_\_\_\_

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