



# OREGON ADULT SOCCER ASSOCIATION

UNITED STATES SOCCER FEDERATION

## REFEREE REPORT

This report must be mailed or faxed, with team rosters, within 48 hours after completion of game to:  
OASA 1750 SW Skyline Blvd., Suite 121, Portland, OR 97221-2533  
Fax: 503-297-4513



GAME \_\_\_\_\_  Score \_\_\_\_\_ Vs. \_\_\_\_\_  Score \_\_\_\_\_  
 Home Team \_\_\_\_\_ Away Team \_\_\_\_\_  
 Competition/ League \_\_\_\_\_ Division/ Age Group \_\_\_\_\_  
 Date of Game \_\_\_\_\_, 200\_\_\_\_ Scheduled time \_\_\_\_\_  
 Actual Kick off \_\_\_\_\_  
 Field \_\_\_\_\_ Match # \_\_\_\_\_ End of game \_\_\_\_\_  
 Score at halftime \_\_\_\_\_ | \_\_\_\_\_  
 Home \_\_\_\_\_ Away \_\_\_\_\_

Referee \_\_\_\_\_ AR #1 \_\_\_\_\_  
 4<sup>th</sup> Official \_\_\_\_\_ AR #2 \_\_\_\_\_

Field Condition \_\_\_\_\_ Marking of field: GOOD FAIR POOR

If home team was not on the field on time, how late? \_\_\_\_\_  
 If away team was not on the field on time, how late? \_\_\_\_\_

Approximate number of spectators \_\_\_\_\_ Corner Flags in Place YES NO  
 Nets in place YES NO  
 Player passes of home team were received, checked and found to be valid YES NO  
 Player passes of away team were received, checked and found to be valid YES NO

Please rate conduct of home team :	(Best)10	9	8	7	6	5	4	3	2	1 (Worst)
Please rate conduct of away team :	(Best)10	9	8	7	6	5	4	3	2	1 (Worst)

***The reverse must be filled out to explain any of the below***

### Serious Injuries observed during the game

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

### Players Cautioned

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

### Players Sent off - *Player passes must be retained and returned to OASA with this report*

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

Referee Signature \_\_\_\_\_ Date of report: \_\_\_\_\_, 200\_\_\_\_

*In case of referee assault or abuse you must call the State Referee Administrator & the OASA*

