



OREGON ADULT SOCCER ASSOCIATION

UNITED STATES SOCCER FEDERATION

REFEREE REPORT



This report must be mailed, faxed, emailed or submitted online within 48 hours after completion of game to proper authorities. OASA 1750 SW Skyline Blvd, STE 121, Portland, OR 97221.

www.oregonadultsoccer.com
player@oregonadultsoccer.com

GAME: _____

Home Team	Score	Visiting Team	Score
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Competition/League: _____ Division/Age Group: _____

Date of Game (mm/dd): _____, 20____ Scheduled time: _____

Field: _____ Actual kick off: _____

Match #: _____ End of game: _____

Score at half time: _____

REFEREE: _____ AR #1 _____

4th official _____ AR #2 _____

Field Condition: _____ Marking of field: _____

Was the home team on the field on time? _____ If not, how late? _____ No. of Spectators: _____ (approx.)

Was the visiting team on the field on time? _____ If not, how late? _____

Player Passes of the home team received and checked. (YES/NO) _____ Conduct of Home Team: _____

Player Passes of the visiting team received and checked. (YES/NO) _____ Conduct of Away Team: _____

Home Team Roster matched to player passes (YES/NO) _____ Conduct of Spectators: _____

Away Team Roster matched to player passes (YES/NO) _____

I will submit Team Rosters and Referee Report to OASA or the hiring league within 48 hours of this match (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

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

Referee Signature: _____ Date: _____

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



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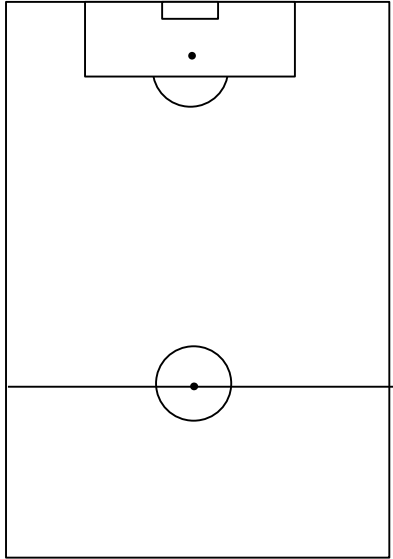
A supplementary form explaining circumstances.

GAME: _____

Home Team	Score	Visiting Team	Score
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Date of Game: _____, 20____ Match #: _____ Referee: _____

Describe Any Unusual Incident(s): IF ADDITIONAL SPACE IS NEEDED, PLEASE USE ADDITIONAL PAGES AS NECESSARY.



Remarks:

Referee Signature: _____ Date: _____

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