

ILLINOIS YOUTH SOCCER ASSOCIATION

Referee's Red Card/Send-Off Report

COMPLETE & SUBMIT THIS REPORT TO IYSA TOURNAMENT ASSIGNOR/OFFICIAL AT GAME'S CONCLUSION.

DATE OF GAME _____ TOURNAMENT _____

FIELD NAME & NO _____ GAME TIME _____

AGE DIVISION: BOYS GIRLS U _____ FIELD CONDITIONS _____

HOME TEAM _____ SCORE _____ AWAY TEAM _____ SCORE _____

REFEREE _____ Phone (H) (_____) _____ (W) (_____) _____

ASST. REF #1 _____ Phone (H) (_____) _____ (W) (_____) _____

ASST. REF #2 _____ Phone (H) (_____) _____ (W) (_____) _____

4th OFFICIAL _____ Phone (H) (_____) _____ (W) (_____) _____

LIST SENT-OFF PLAYERS (P) AND/OR COACHES (C) AND EACH OFFENSE BELOW!

LIST CODES: S - Spitting VC - Violent Conduct SFP - Serious Foul Play 2C - Two Yellows
DGH - Denied Goal (Hand) DGF - Denied Goal (Foul) AL - Abusive Language

NAME & PASS NO.	(P/C)	LEAGUE	TEAM	OFFENSE
1. _____	()	_____	H A _____	_____
2. _____	()	_____	H A _____	_____
3. _____	()	_____	H A _____	_____

DESCRIBE _____

(Use reverse side if needed.)

SIGNATURE _____ DATE OF REPORT _____

PLAYER'S & COACH'S PASS(ES) MUST BE RETAINED AND SUBMITTED WITH THIS REPORT TO THE IYSA! Word

SUBMIT ORIGINAL TO IYSA SECOND COPY: ISRC THIRD COPY: LEAGUE FOURTH COPY: YOUR RECORDS (COPY AS NEEDED)

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