

ILLINOIS YOUTH SOCCER ASSOCIATION

Mail or Fax within 48 Hours of Game

Referee's Red Card / Send-Off Report

DATE OF GAME _____ STARTING TIME _____ FIELD NAME & LOCATION _____

LEAGUE (circle one): NISL or YSSL or IWSL AGE: Boys or Girls U _____

HOME TEAM _____ SCORE: _____ AWAY TEAM _____ SCORE: _____

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

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

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

List Sent-off players (P) and / or coaches (C) and each Offense listed 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

Table with 3 columns: NAME & PASS NO., (P/C) TEAM, OFFENSE. Rows 1-4.

DESCRIBE: _____

(Attach extra pages if needed)

SIGNATURE _____ DATE OF REPORT _____

FOR LEAGUE GAMES, PLAYER & COACH PASSES MUST BE RETAINED AND MAILED WITH THIS REPORT TO THE LEAGUE. IN CASE OF REFEREE ASSAULT OR ABUSE, PASSES AND REPORTS MUST BE SENT TO THE I.Y.S.A.