



NISL REFEREE GAME REPORT

REFEREE PLEASE MAIL ORIGINAL WITHIN 48 HOURS OF GAME

GAME CODE #: _____ **GAME DATE:** _____ **STARTING TIME:** _____
TOWN: _____ **FIELD NAME:** _____ **FIELD CONDITIONS:** _____
AGE GROUP: _____ **DIVISION:** _____
HOME TEAM: _____ **SCORE:** _____
AWAY TEAM: _____ **SCORE:** _____

REFEREE: _____ **CODE #:** _____
ASST. REFEREE #1: _____ **CODE #:** _____
ASST. REFEREE #2: _____ **CODE #:** _____

NAME	Player / Coach	Home / Away	OFFENSE							
			R	S	T	U	V	W	X	
1	P / C	H / A	R	S	T	U	V	W	X	
2	P / C	H / A	R	S	T	U	V	W	X	
3	P / C	H / A	R	S	T	U	V	W	X	
4	P / C	H / A	R	S	T	U	V	W	X	
5	P / C	H / A	R	S	T	U	V	W	X	

OFFENSES: *R - Player or coach sent off* *U - Spectator interference* *W - Games played under protest*
S - Referee assault *V - Player, Coach or Referee injury* *X - Playing field or equipment discrepancies*
T - Referee abuse

DETAILED OFFENSE REPORT:

1. _____
2. _____
3. _____
4. _____
5. _____

ATTACH EXTRA PAGES IF NEEDED

SIGNATURE: _____ DATE OF REPORT: _____

COACH & PLAYER PASSES MUST BE MAILED WITH THIS REPORT TO THE LEAGUE.

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