

SOUTHERN TIER TRAVEL GAME REPORT

Referee Report

REFEREE: Fill out the Home Teams Game Report in its entirety including your signature. Use other side to note any cards issued.

Send both reports (Home Team's and Visiting Team's) along with Copy of each team's US CLUB SOCCER Roster Listing to:

William Phearsdorf
4374 South Nine Mile Road
Allegany, NY 14706-9711

This report must be postmarked within 2 days (48 hours) of completion of contest

Home Team:	Visiting Team:
Final Score:	Final Score:

Home	Referee Detail	Visitor
<input type="checkbox"/> Yes <input type="checkbox"/> No	Ready to play at kickoff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Player uniforms properly matching	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Corner Flags and field markings	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Goal nets properly secured?	
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Field condition?	
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Conduct of Players	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Conduct of Coaches?	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Conduct of spectators?	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

All Referees are to print then sign their name below:

(be sure both sides are completed)