REFEREE GAME REPORT

Marion County Youth Soccer Association

**Send to: Dr. Chris Howlett**

**236 N. Spalding Ave. Lebanon, KY 40033**

**chowlett@lumcky.org**

Game Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age Group/Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visiting Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Venue/Field #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time of Start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Game End Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| SERIOUS INJURIES | | | |
| **Team** | **Time** | **Name, No.** | **Nature of Injury** |
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| --- | --- | --- | --- | --- |
|  |  | SEND-OFFS/DISMISSALS | |  |
| Name | **No.** | Team | Time | Reason/Explanation |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Describe send-off offenses in the following manner: Serious Foul Play (SFP); Violent Conduct (VC); Spits at Opponents/Persons (S); Denied Goal by Hand (DGH); Denies Goal/Opportunity by Foul (DGF); Abusive Language (AL); Second Caution (2CT).

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| **THE FOLLOWING SERIOUS INCIDENT(S) OCCURRED:** |
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Referee Name (Initials) AR AR

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Coach Name (Initials) Coach Name (Initials)