



# CONNECTICUT JUNIOR SOCCER ASSOCIATION REFEREE REPORT

*This report must be mailed or faxed to the CJSA office within 48 hours after completion of the game*

Game \_\_\_\_\_ vs. \_\_\_\_\_  
Home Team \_\_\_\_\_ Score \_\_\_\_\_ Visiting Team \_\_\_\_\_ Score \_\_\_\_\_

State Association Connecticut Junior Soccer Age Group U \_\_\_\_\_

Date of Game \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_

Game Location \_\_\_\_\_ Scheduled Time \_\_\_\_\_ AM \_\_\_\_\_ PM  
Competition Type: (circle one) Actual Kickoff \_\_\_\_\_ AM \_\_\_\_\_ PM  
Premier League District League Cup End of Game \_\_\_\_\_ AM \_\_\_\_\_ PM  
Non League Recreation Score at Halftime home \_\_\_\_\_ vs. away \_\_\_\_\_

Referee \_\_\_\_\_ Grade \_\_\_\_\_  
Assistant Referee #1 \_\_\_\_\_ Grade \_\_\_\_\_  
Assistant Referee #2 \_\_\_\_\_ Grade \_\_\_\_\_

Weather \_\_\_\_\_ Field Conditions \_\_\_\_\_

*A supplementary form must accompany the referee report explaining circumstances in any unusual situations.*

### Serious injuries during the game:

| Name  | Pass # | Team  | Nature of Injury |
|-------|--------|-------|------------------|
| _____ | _____  | _____ | _____            |
| _____ | _____  | _____ | _____            |

### Players cautioned during the game:

| Name  | Pass # | Team  | Type of Misconduct |
|-------|--------|-------|--------------------|
| _____ | _____  | _____ | _____              |
| _____ | _____  | _____ | _____              |
| _____ | _____  | _____ | _____              |
| _____ | _____  | _____ | _____              |
| _____ | _____  | _____ | _____              |

### Players sent off the field: (Player and/or coaches passes must be retained after the game and sent to CJSA with the report and rosters)

| Name  | Pass # | Team  | Type of Misconduct |
|-------|--------|-------|--------------------|
| _____ | _____  | _____ | _____              |
| _____ | _____  | _____ | _____              |
| _____ | _____  | _____ | _____              |

Referee Signature \_\_\_\_\_

Phone # \_\_\_\_\_ Date: \_\_\_\_\_

Mail or fax completed report to: **CJSA Office**  
11 Executive Drive  
Farmington, CT 06032  
Fax 860-676-1162

**In the case of Referee Assault or Referee Abuse notify the CJSA President Immediately.**