



METRO YOUTH SOCCER LEAGUE

HERALDNEWS

This report must be mailed within 48 hours after completion of game to proper authorities.

AFFILIATED WITH NEW JERSEY STATE SOCCER ASSOCIATION & UNITED STATES YOUTH SOCCER ASSOCIATION

Final score _____ home _____ VS _____ visiting _____ final score _____

GAME DATE _____ FIELD ADDR _____

DIV _____ CUP _____ EXHIBITION _____ SCHEDULED TIME _____ AM/PM

REFEREE _____ FEE _____ ACTUAL KICK OFF _____ AM/PM

ASSIST REFEREE _____ END OF GAME _____ AM/PM

ASSIST REFEREE _____ HALF TIME SCORE _____ - _____

WEATHER CONDITIONS _____ NUMBER OF SPECTATORS _____ (Approx.)

MARKINGS OF PITCH & CONDITIONS SATISFACTORY ☐ UNSATISFACTORY ☐ Explain: _____

WAS THE HOME TEAM ON THE FIELD ON TIME? Yes ☐ No ☐ IF NOT, HOW LATE? _____

WAS THE VISITING TEAM ON THE FIELD ON TIME? Yes ☐ No ☐ IF NOT, HOW LATE? _____

WERE HOME TEAM PLAYERS' PASSES RECEIVED AND CHECKED? Yes ☐ No ☐

WERE VISITING TEAM PLAYERS' PASSES RECEIVED AND CHECKED? Yes ☐ No ☐

PLAYERS CAUTIONED DURING THE GAME: (follow this order to indicate name, pass number, team, type of misconduct, time and event)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

PLAYERS SENT OFF DURING THE GAME: (follow this order to indicate name, pass number, team, type of misconduct, time and event)
(players' **passes must be retained** after the game and returned to proper authority with report)

- 1) _____
- 2) _____

PLAYERS INJURED DURING THE GAME: (follow this order to indicate name, pass number, team, type of misconduct, time and event)

- 1) _____
- 2) _____

REFEREE'S REPORT: (below briefly summarize both teams' play, the game and further describe foul incidents generating bookings)

DATE _____ REFEREE SIGNATURE _____

Line-up form(s) of teams must be attached.
* Divisions 1 & 2 (U15 and above): Carmelo Giuliano

Mail one copy to League Arbitrator, mail one copy to Referee Assignor*, retain one copy for referee's record
Other Divisions (U14 and below): Nick Pagliaro