REFEREE 24-HOUR SEND OFF REPORT

CALIFORNIA SOCCER ASSOCIATION NORTH

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Please use one report for each player sent off.

LEAGUE/COMPETITION

LEVEL OF COMPETITION | GAME DATE | TIME

FIELD | CITY OF

HOME TEAM | VISITING TEAM

1ST HALF SCORE: HOME | VISITING | **O.T.** 1ST HALF SCORE: HOME | VISITING

2ND HALF SCORE: HOME | VISITING | **O.T.** 2ND HALF SCORE: HOME | VISITING

FINAL SCORE: HOME **0** VISITING **0**

PLAYER'S (LAST/FIRST NAME) | ID # (LAST 4 DIGITS) | TEAM/CLUB

PLAYER WAS SENT OFF AT GAME MINUTE

REASON FOR THE SEND-OFF:

- ☐ (**SFP**) SERIOUS FOUL PLAY
- ☐ (**VC**) VIOLENT CONDUCT
- ☐ (**S**) SPITTING
- ☐ (**DGH**) DENYING A GOAL-SCORING OPPORTUNITY BY DELIBERATELY HANDLING THE BALL
- ☐ (**DGF**) DENYING A GOAL-SCORING OPPORTUNITY BY COMMITTING AN OFFENSE PUNISHABLE WITH A FREE-KICK OR PENALTY-KICK
- ☐ (**AL**) OFFENSIVE, INSULTING OR ABUSIVE LANGUAGE
- ☐ (**2Y**) SECOND CAUTION

DESCRIPTION:

REFEREE | GRADE | PHONE

AR1 | GRADE | PHONE

AR2 | GRADE | PHONE

REFEREE MUST SEND COPIES OF THIS REPORT **WITHIN 24 HOURS** AS FOLLOWS:

ONE COPY TO CSAN (PLAYER'S ID ENCLOSED ☐) - ONE COPY TO LEAGUE/TOURNAMENT