



REFEREE 24-HOUR SEND OFF REPORT
CALIFORNIA SOCCER ASSOCIATION NORTH

MAIL 24 HR REPORT TO:
 SFSFL, 2424 MARIPOSA ST., SAN FRANCISCO, CA 94110

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 VISITING

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