**Instructions:**

1. **Use the Tab key to work through the form.**
2. **Use this form to report player send offs, coach warnings, cautions or send offs, and spectator poor behavior, warnings, and expulsions.**
3. **All fields are required. Make an entry or selection in every field.** **1) Include player’s name, team and jersey number, the reason for the sanction(s), and the time in the game that the incident(s) occurred.**
4. **Give a brief, detailed and accurate description of the incident(s).**
5. **Enter any additional information you feel Area needs to have as we consider sanctions.**
6. **Enter your name, the report date, and your phone number**
7. **When finished, check your entries for accurate and complete information, and save the file with a new name.**
8. **Email it to** **scott.davis@ayso1c.org****.**

**Referee’s Report of Misconduct**

**Your Full Name** enter your full name **Email** enter email

**Game Information:**

Game No. from the CGI schedule Program Choose a program

Game Date (mm/dd/yyyy) enter the game date Game Time (00:00 am/pm)

Game location Choose a location. Division Boys/Girls Choose an item.

Home Team full home team number Home Final Score home team final score

Away Team full away team number Away Final Score away team final score

**Referee Team Details**

Referee referee name

Assistant Referee 1 AR1 name

Assistant Referee 2 AR2 name

**Cautions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Time in game | Player 1 full name | No. | Team  | Reason for Caution |
| Details of caution 1 |
| 2. Time in game | Player 2 full name | No. | Team  | Reason for Caution |
| Details of caution 2 |
| 3. Time in game | Player 3 full name | No. | Team  | Reason for Caution |
| Details of caution 3 |
| 4. Time in game | Player 4 full name | No. | Team  | Reason for Caution |
| Details of caution 4 |
| 5. Time in game | Player 5 full name | No. | Team  | Reason for Caution |
| Details of caution 5 |
| 6. Time in game | Player 6 full name | No. | Team  | Reason for Caution |
| Details of caution 6 |

**Send Offs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Time in game | Player 1 full name | No. | Team  | Reason for Send Off |
| Details of send off 1 |
| 2. Time in game | Player 2 full name | No. | Team  | Reason for Send Off |
| Details of send off 2 |
| 3. Time in game | Player 3 full name | No. | Team  | Reason for Send Off |
| Details of send off 3 |

**Additional information** enter anything else we need to know

**Submit Form My name below verifies that all data is correct to the best of my knowledge.**

Person reporting typed name of person reporting

Today's Date (mm/dd/yyyy) Click or tap to enter a date.

Phone No. of person reporting xxx-xxx-xxxx