

INSTRUCTIONS: THIS REPORT, FULLY EXECUTED, MUST BE HANDED TO THE REFEREE BEFORE THE COMMENCEMENT OF THE GAME, AT THE TIME OF THE TOSS

Women's Soccer	Club, Inc. Leag PLAYERS FOR_	gue and Division:
JERSEY#	FIRST NAME	(Team Name) LAST NAME
		_
		_
* = rostered sub		
Date	Captain/Coach Sig	gnature

## REFEREE'S GAME REPORT

INSTRUCTIONS: THIS REPORT, FULLY EXECUTED, TOGETHER WITH THE VISITING TEAM'S LINE-UP, MUST BE FORWARDED TO THE WSC OFFICE WITHIN 24 HOURS AFTER THE MATCH. 414-698-5158

MAIL REPORT TO: WSC attn: Dina Johnston 513 W Glenview Ave Oconomowoc, WI 53066 League & Division Played at BETWEEN Home Team \_\_\_\_\_Visiting Team \_\_\_\_\_ Final Score Final Score Half Time Score \_\_\_\_\_ Half Time Score \_\_\_\_\_ 1<sup>st</sup> Half Goals 2<sup>nd</sup> Half Goals 2<sup>nd</sup> Half Goals Time of Halves \_\_\_\_\_ Match Started \_\_\_\_\_ Fee Paid by Bill Riche Match Ended Red card player's ID to be taken by referee and sent to Dina Johnston – Grievance and Disciplinary Committee GENERAL REMARKS 1. Condition of Grounds \_\_\_\_\_ 2. Conduct of Players \_\_\_\_\_ 3. Player(s) sent off \_\_\_\_\_ Jersey# Red Card Yellow Card 4. Miscellaneous Remarks 5. Injuries: Player name: \_\_\_\_\_ Jersey # 6. Situation resulting in injury: Date \_\_\_\_\_Referee \_\_\_\_ Linesman\_\_\_\_ Linesman