



# CJYSA/EDP/USCL/KATS REFEREE GAME REPORT

This report must be entered into the CJYSA website ([www.cjysa.org](http://www.cjysa.org) – referee log in) within 48 hours after completion of game

GAME \_\_\_\_\_  SCORE \_\_\_\_\_ VS. \_\_\_\_\_  SCORE \_\_\_\_\_  
 Home Team Visiting Team

League Affiliation CJYSA (NJYS) or USCL \_\_\_\_\_ Division/ Age Group \_\_\_\_\_  
 Date of Game \_\_\_\_\_ 19 \_\_\_\_\_  
 Field and Address \_\_\_\_\_  
 Scheduled Time \_\_\_\_\_  AM  PM  
 Actual Kick off \_\_\_\_\_  AM  PM  
 End of Game \_\_\_\_\_  AM  PM  
 Score at half Time \_\_\_\_\_  H  V

REFEREE	Grade	SSN	-	-
A. Referee #1	_____	_____	-	-
A. Referee #2	_____	_____	-	-
4 <sup>th</sup> Official	_____	_____	-	-

Field Condition \_\_\_\_\_ Weather \_\_\_\_\_  
 Was the home team on the field on time?  Yes  No If not, how late? \_\_\_\_\_ No. of Spectators \_\_\_\_\_ approx.  
 Was the visiting team on the field on time?  Yes  No If not, how late? \_\_\_\_\_ Marking of Field  Good  Fair  Poor  
 Referee must receive a copy of team roster  
 Players Passes of the home team  were  were not received and checked.  
 Players Passes of the visiting team  were  were not received and checked.  
 Roster of the home team  is  is not enclosed,  not available.  
 Roster of the visiting team  is  is not enclosed,  not available.  
 4<sup>th</sup> Official Game Log  is  is not enclosed,  not available.  
 Conduct of Officials  Excellent  Good  Fair  Poor  
 of Players  Excellent  Good  Fair  Poor  
 of Spectators  Excellent  Good  Fair  Poor  
 Of coaches  Excellent  Good  Fair  Poor

*A supplementary form explaining circumstances must accompany any unusual situations.*

### Serious injuries during the game

Name	Pass No.	Team	Nature of Injury

### Players cautioned during the game

Name	Pass No.	Team	Type of Misconduct

### Players sent off the field - player passes must be retained and returned to the 1 Beekman Rd, Kendall Park, NJ 08824 with copy report.

Name	Pass No.	Team	Type of Misconduct

I received \_\_\_\_\_ Phone # \_\_\_\_\_  
 I did not receive the referee fee of \$ \_\_\_\_\_ Referee Signature : \_\_\_\_\_ Date \_\_\_\_\_ 19 \_\_\_\_\_

For serious assault, severe injury or other substantial occurrences, a photo copy must be sent to Bob Mykulak: PO Box 321, Three Bridges, NJ 08887  
 State Association  League  Referee