All AYSO games shall be conducted in accordance with the current FIFA Laws of the Game and decisions of the International Board in effect at a date specified by the area director for his/her area (approximately the time of team formation for a given season), with the exceptions detailed in the AYSO National Rules and Regulations.

Referee Game Report

Date _____ Time_____ Field _____ Conditions _____

Home Team/Colors _____ Visiting Team/Colors _____

Halftime Score _____ In Favor Of_____ Final Score _____ Winning Team_____

Overall Conduct & Sporting Behavior

	Excellent	Normal	Poor	Additional comments:
Players:	❑	❑	❑	_____
Coaches:	❑	❑	❑	_____
Spectators:	❑	❑	❑	_____

Referee Name (Print): _____ Phone/email: _____

1st AR (Please Print): _____ Phone/email: _____

2nd AR (Please Print): _____ Phone/email: _____

Preliminary Incident Report

(A more detailed report may be required – Check with your local Administrator)

Disciplinary Action / Significant Injuries / Additional Comments: Please include names and player numbers.

Signatures only needed if additional information is included in the Preliminary Incident Report

Referee's Signature:_____

1st Assistant Referee's Signature: _____

2nd Assistant Referee's Signature: _____

Reorder #CS004-7 REV 4/04

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Referee's Signature:_____

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