



Fill Out this Form at: www.d2sra.org/forms/sendoff/



CALIFORNIA YOUTH SOCCER ASSOCIATION REFEREE'S SEND-OFF REPORT

Game Date: _____ Field: _____ City: _____

Name of League or Tournament: _____ Game Time: _____

Home Team: _____ Visiting Team: _____

Name of Individual: _____ Team: _____

Age Group: _____ Registration # _____ Jersey # _____ Time of Foul: _____

Individual Sent Off Was: Player Coach (Section 4:08:06, 2 additional games for coach)

REASON FOR SEND OFF:

- SERIOUS FOUL PLAY (4:08:02 A-1, 1 game minimum or 4:08:02 A-2, 2 game minimum)
- DENIED OBVIOUS GOAL-SCORING OPPORTUNITY BY DELIBERATELY HANDLING BALL OR BY INTENTIONALLY IMPEDING OPPONENT (Section 4:08:02 A-1, 1 game minimum)
- DENIED OBVIOUS GOAL-SCORING OPPORTUNITY TO OPPONENT MOVING TOWARDS GOAL BY OFFENSE PUNISHABLE WITH FREE KICK OR PENALTY KICK (Section 4:08:02 A-2, 2 game minimum)
- VIOLENT CONDUCT (Section 4:08:02 D, 2 game minimum)
- SPIT AT OPPONENT OR ANY OTHER PERSON (Section 4:08:02 D, 2 game minimum)
- OFFENSIVE, INSULTING OR ABUSIVE LANGUAGE (Section 4:08:02 B, 1 game minimum if uttered in frustration but not directed at a person; 2 game minimum if directed toward any person)

SPECIFIC LANGUAGE OR GESTURE: _____

DIRECTED AT: OPPONENT TEAMMATE SELF
 REFEREE COACH OTHER: _____

- RECEIVED SECOND CAUTION IN SAME GAME (Section 4:08:02 C, 1 game minimum)

(use back for more space)

Referee: _____ Phone: _____ E-Mail: _____

AR 1: _____ Phone: _____ E-Mail: _____

AR 2: _____ Phone: _____ E-Mail: _____

DISCIPLINARY COMMITTEE ACTION

Section 4:08:06 requires that coaches and assistant coaches sent off shall have two games added to the suspension that would be levied against a player.

Number of Games Suspended: _____ Number of Games Served: _____ on _____

(indicate date & time of games served)

Send Off Report sent to: _____ on _____ Pass returned to: _____ on _____
(name) (date) (who pass sent or given to) (date)

Official Assessing Penalty Position Date

