

NMAA Soccer Referee

Game Report

File game report within 24 hours or by 10:00 am of the next business day.

Report Date: _____ Game Date: _____ Game Location: _____

Scheduled Start Time: _____ Actual Start Time: _____

Gender: ☐ Male ☐ Female Game Level: ☐ Varsity ☐ Sub Varsity

HOME

Home School: _____

Coach's Name: _____

Score: _____

VISITOR

Visiting School: _____

Coach's Name: _____

Score: _____

HOME

CAUTION

VISITOR

NAME	NO. CODE	(see reference below)	NAME	NO. CODE	(see reference below)

HOME

MISCONDUCT - DISQUALIFICATION

VISITOR

NAME	NO. CODE	(see reference below)	NAME	NO. CODE	(see reference below)

(Do not use this form to report non-misconduct issues – use the NMAA Supplemental Game Report Form)

DESCRIPTION OF MISCONDUCT

USE SUPPLEMENTAL REPORT FORM IF MORE DETAIL IS NEEDED

Reporting Official: _____ Email: _____ Day Phone: _____

Lead Referee (names): _____ SR2: _____

SR 1/Dual Partner: _____

CAUTIONS		DISQUALIFICATIONS	
C1	Unsporting Conduct	D1	Violent Conduct
C2	Dissent by Word or Action	D2	Taunting
C3	Persistent Infringement	D3	Serious Foul Play
C4	Enters/Leaves Field without Permission	D4	Spitting at Someone (Not Incidental)
C5	Vulgar/Profane Language (Incidental)	D5	Insulting, abusive or offensive Language/gestures.
C6	Use of Prohibited Devices	D6	Denying an obvious goal-scoring opportunity by committing foul.
C7	Use of Tobacco Products	D7	Denying an obvious goal-scoring opportunity by handling.
C8	Illegally Equipped Player	D8	Second Caution
C9	Coach: Team Misconduct	D9	Violent, Malicious Conduct - Fighting

Email to: chris@nmact.org or fax to: (505) 923-3114

Assistant Director for High School Soccer – Chris Kedge

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