

**UNITED STATES SOCCER FEDERATION  
LSA GAME REPORT**

*This report must be mailed within 48 hours after completion of game to proper authorities.*

GAME \_\_\_\_\_  \_\_\_\_\_

Association \_\_\_\_\_ Cup \_\_\_\_\_  
 League: LSA Division: LSA PREMIER LEAGUE GAME

Date of game: \_\_\_\_\_ 20 \_\_\_\_\_  
 Home Team SCORE Visiting Team SCORE  
 Field and Address \_\_\_\_\_ Scheduled time \_\_\_\_\_  
 \_\_\_\_\_ Actual Kick-off \_\_\_\_\_  
 \_\_\_\_\_ End of Game \_\_\_\_\_  
 \_\_\_\_\_ Score at half time \_\_\_\_\_

CIRCLE ONE: U11B U12B U13B U14B U15B U16B U17B U18B U19B  
 U11G U12G U13G U14G U15G U16G U17G U18G U19G

Referee \_\_\_\_\_ Linesman #1 \_\_\_\_\_  
 \_\_\_\_\_ Linesman #2 \_\_\_\_\_

Conditions of field \_\_\_\_\_ Weather \_\_\_\_\_  
 Was the home team on the field on time? \_\_\_\_\_ If not, how late? \_\_\_\_\_ No. of Spectators \_\_\_\_\_ approx.  
 Was the visiting team on the field on time? \_\_\_\_\_ If not, how late? \_\_\_\_\_ Marking of field: Good Fair Poor

Player Passes of home team were \_\_\_\_\_ were not received and checked.  
 Player Passes of visiting team were \_\_\_\_\_ were not received and checked.  
 Conduct of Officials: Excellent Good Fair Poor  
 Conduct of Players: Excellent Good Fair Poor  
 Of Spectators: Excellent Good Fair Poor

Line-up of home team is \_\_\_\_\_ is not enclosed \_\_\_\_\_ Not Available Dressing room for: Referee Satisfactory Unsatisfactory  
 visiting team is \_\_\_\_\_ is not enclosed \_\_\_\_\_ Not Available Players Satisfactory Unsatisfactory

*A supplementary form explaining circumstances must accompany any of the following situations.*

**Injuries during the game:**

Name	Pass No.	Team	Nature of Injury
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Players cautioned during the game:**

Name	Pass No.	Team	Nature of Misconduct
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Players sent off the field:** *For LSA Premier League Games, "Team Official" should retain possession of ejected player/staff USYSA ID Passes.*

Name	Pass No.	Team	Nature of Misconduct
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I received: \_\_\_\_\_ the referee fee of \$ \_\_\_\_\_ Referee Signature \_\_\_\_\_  
 I did not receive: \_\_\_\_\_  
 Mail to LSA-2133 Silverside Dr., Ste. G, Baton Rouge, LA. 70808 Date \_\_\_\_\_ 20 \_\_\_\_\_