



## RED CARD SEND OFF REPORT

SUBMIT THIS FORM TO BOTH COMPLIANCE OFFICER AND REFEREE CHAIRMAN  
WITHIN SEVEN DAYS OF GAME DATE

Fill in all blanks on this form then save as a word document in the format:  
RED [Age level] [Centre] [Jersey number] [date (yymmdd)].doc  
Example: RED U18 StoneyPoint 03 050704.doc

Email as an attachment to both [glenda.willemsma@3web.net](mailto:glenda.willemsma@3web.net) AND [kacdrs@on.aibn.com](mailto:kacdrs@on.aibn.com)

### GAME INFORMATION

Age Group [ \_\_\_\_\_ ] Game # [ \_\_\_\_ - \_\_\_\_ ] Date: [ \_\_\_\_\_ ]

Visiting Team [ \_\_\_\_\_ ] at Home Team [ \_\_\_\_\_ ]

### PLAYER INFORMATION

Player's Name [ \_\_\_\_\_ ] Registration # (where known): [ \_\_\_\_\_ ]

Jersey # [ \_\_\_\_\_ ] Playing on Team: [ \_\_\_\_\_ ]

### REASON FOR CARD

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#### GAME DETAILS (interim report for Compliance Officer)

Score:

Visiting Team [ \_\_\_\_\_ ] [ \_\_\_\_ ] goals - - Home Team [ \_\_\_\_\_ ] [ \_\_\_\_ ] goals.

Goals scored:

For Visiting Team – Player Jersey Number(s) [ \_\_\_\_\_ ]

For Home Team – Player Jersey Number(s) [ \_\_\_\_\_ ]

**TIME OF INCIDENT**

In minute [ ] of the [ ] half of the game.

If Red card for second caution – Time of **second incident**

In minute [ ] of the [ ] half of the game.

**DESCRIPTION OF INCIDENT**

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**REFEREE**

Name: [ ] Phone: [ ]