

RED CARD REPORT AGE GRADE



The Referee should complete and return this form to the **CB Age Grade Discipline Secretary** (contact details are available from your CSU or Referee Society).

WITHIN 48 HOURS OF THE COMPLETION OF THE MATCH

Please ensure **ALL** fields are completed. Please e-mail as an attachment.

Player's Name:			
Player's Club/Regional Academy: (if known)			
Player's School/College: (if known)			
Player's No:			

League/Competition:		Date:	
Level:	Club		

Home Team	Final Score	Away Team

Law 9 Offence Number:	9.11	Type of Offence: (Strike, Kick, High tackle...)	
Period Incident Occurred:	1st Half	Elapsed Time in Half:	
Proximity of Official to Incident:		Score at Time:	
Did Match Official have a Clear View:	Yes <input checked="" type="radio"/> No <input type="radio"/>	Was Match Recorded?	Yes <input checked="" type="radio"/> No <input type="radio"/>

Officials	Name	Email Address	Telephone	Society
Referee				
A/R 1				
A/R 2				

Additional Factors
 Weather conditions and state of the pitch. General pattern of play/temper of game. Any other cards issued?
 Was there any injury/medical attention? Any other related information.

Detailed report of the incident

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Name:		Appointed By:	School
Signature:		Date:	

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