

THE ONTARIO SOCCER ASSOCIATION

Referee Report - Dismissal Form

This form must be used by a referee for each dismissal issued. This form must be submitted to the appropriate authority within 48 hours of the game or earlier if stipulated by the rules of the competition. In any case involving physical contact with a game official, the Referee Assault Report Form must be used.

PLEASE PRINT

GAME NUMBER:	ME DETAILS	
GAME: (Home Team)	VS. (Away Team)	
LEAGUE/COMPETITION:	AGE GROUP:	DIVISION:
DISTRICT ASSOCIATION (If Applicable):	TIGE GROOT.	
PLAYED AT:	DATE:	
(Field Name and City/Town)		(DD/MM/YR)
PLA	YER DETAILS	
PLAYER'S NAME:	OSA REGISTRANT NUMBER:	
JERSEY NO.: TEAM NAME:	TEAM REGISTRATION NUMBER: T_{\perp}	
PLAYER DISMISSED FOR:	DENT DETAILS	
☐ Used offensive or insulting or abusive langu	age and/or gestures	☐ Serious Foul Play
☐ Spitting at an opponent or any other person		☐ Violent Conduct
☐ Received a second caution in the same game	` *	
Denied the opposing team a goal or an obvio		·
 Denied an obvious goal-scoring opportunity by a free kick or penalty kick 	to an opponent moving towar	ds the player's goal by an offence punishable
by a free kick of penalty kick		
Check this box \square if the misconduct was directe	ed at a game official.	
The incident described below occurred after	minutes of play in the	half.
		
DESCRIPTION OF INCIDENT: Please use back	ls of form to provide the deseri	ntion of incident
DESCRIPTION OF INCIDENT. Hease use back	k of form to provide the descri	ption of incident.
REFE	CREE DETAILS	
Referee: Print your Name	<u></u>	Signature of Referee
OSA Registrant Number		Date

