



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 competition. In any case involving physical contact with game official, the Referee Assault Report Form must be used.

PLEASE PRINT

GAME DETAILS

GAME NUMBER		
GAME (HOME TEAM)	VS (AWAY TEAM)	
LEAGUE/COMPETITION	AGE GROUP	DIVISION
DISTRICT ASSOCIATION (IF APPLICABLE)		
PLAYED AT	DATE	
(Field Name and City/Town)	(dd-mmm-yr)	(time)

PLAYER DETAILS

PLAYERS NAME	OSA REGISTRATION NUMBER	
JERSEY NUMBER	TEAM NAME	TEAM REGISTRATION NUMBER

INCIDENT DETAILS

PLAYER DISMISSED FOR:

- | | | | |
|--------------------------|--|--------------------------|-------------------|
| <input type="checkbox"/> | Uses Offensive, Insulting or Abusive Language | <input type="checkbox"/> | Serious Foul Play |
| <input type="checkbox"/> | Spits at an opponent or any other person | <input type="checkbox"/> | Violent Conduct |
| <input type="checkbox"/> | Receives a second caution in the same game | | |
| <input type="checkbox"/> | Denies an opponent a goal or obvious goal-scoring opportunity by deliberately handling the ball | | |
| <input type="checkbox"/> | Denies an obvious goal-scoring opportunity to an opponent moving towards the player's goal by an offence punishable by a free kick or penalty kick | | |
- Check this box if the misconduct was directed at a game official

The incident described below occurred after _____ minutes of play in the _____ half.

DESCRIPTION OF INCIDENT

Use the back of the form if necessary to complete the description of the incident

REFEREE DETAILS

REFEREE	Signature of Referee
O.S.A. Registrant Number	Date