



REFEREE 24-HOUR SEND OFF REPORT

Sacramento Adult Soccer League

Mail to: Bill Anderson  
 8421 Manana Way  
 Fair Oaks, CA 95628  
 (916) 202-9305

Please use one report for each player sent off.

LEAGUE/COMPETITION Sacramento Adult Soccer League

LEVEL OF COMPETITION GAME DATE TIME

FIELD CITY OF

HOME TEAM VISITING TEAM

**1ST** HALF SCORE: HOME VISITING **O.T.** 1ST HALF SCORE: HOME VISITING

**2ND** HALF SCORE: HOME VISITING **O.T.** 2ND HALF SCORE: HOME VISITING

**FINAL SCORE:** HOME VISITING

PLAYER'S (LAST/FIRST NAME) ID # (LAST 4 DIGITS) TEAM/CLUB

PLAYER WAS SENT OFF AT GAME MINUTE

**REASON FOR THE SEND-OFF:**

- (**SFP**) SERIOUS FOUL PLAY                      (**VC**) VIOLENT CONDUCT                      (**S**) SPITTING
- (**DGH**) DENYING A GOAL-SCORING OPPORTUNITY BY DELIBERATELY HANDLING THE BALL
- (**DGF**) DENYING A GOAL-SCORING OPPORTUNITY BY COMMITTING AN OFFENSE PUNISHABLE WITH A FREE-KICK OR PENALTY-KICK
- (**AL**) OFFENSIVE, INSULTING OR ABUSIVE LANGUAGE                      (**2Y**) SECOND CAUTION

DESCRIPTION:

REFEREE	GRADE	PHONE
AR1	GRADE	PHONE
AR2	GRADE	PHONE

REFEREE MUST SEND COPIES OF THIS REPORT **WITHIN 24 HOURS** AS FOLLOWS:  
 ONE COPY TO SASL (PLAYER'S ID ENCLOSED ) - EMAIL COPY TO reports@salsoccer.org