PRESIDIO SOCCER LEAGUE SEND-OFF AND/OR DISMISSAL REPORT

This report must be mailed within 48 hours after completion of game to proper authorities.

Home Team		Score		L	Visitor Team			Score
Age Group / Flight				Scheduled	Time			h:mm AM/PM
Game Date		1	mm/dd/yy	yy Game Num	nber			
Venue / Field								
Serious injuries dur	ring the game							
Name		Player ID		Team		Nature of Injury		
Cautions for player	s who received	a send-off						
Name		Player ID		Team		Type of Misconduct		
Players/Coach sent	-off/dismissed -	Player passes a	re not ret	ained after the game	e unless it is	s for REFE	REE ASS	UALT
Name		Player/Coach ID		Team		Type of Misconduct		
Describe SEND-OFF	F or DISMISSAL							
Referee Name			Date		Phone	Number		

Please print a copy for yourself and send this report to the Director listed on the Presidio Soccer League Game Report.