

To:

AFFIX
PROPER
POSTAGE
HERE

RETURN ADDRESS:



California Youth Soccer Association, Inc. Game & Referee Report

Name of League or Event _____ GAME # _____

Location: _____ Date: _____

Age Group/Gender: _____ Time: _____

Team	Home	Color:	Kick-Off	Visitor	Color:	Kick-Off
First Half						
Second Half						
Over-time						
PK Series						
Final Score						

PLEASE PRINT IF NOT LEGIBLE & COMPLETE WE ARE UNABLE TO ISSUE A PAYMENT

1. Referee: _____

Address: _____

City: _____, Zip: _____

Phone #: (_____) _____

Referee Initials	Current Grade

2. Referee: _____

Address: _____

City: _____, Zip: _____

Phone #: (_____) _____

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3. Referee: _____

Address: _____

City: _____, Zip: _____

Phone #: (_____) _____

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**** REFEREE'S SOCIAL SECURITY NUMBER (SSN) MUST BE ON FILE WITH THE LEAGUE/DISTRICT/STATE TO ISSUE PAYMENT. YOU MUST PROVIDE IT TO THE LEAGUE OR DISTRICT RESPONSIBLE FOR ISSUING PAYMENT FOR THE MATCH FOR A CAL NORTH HOSTED EVENT. THE SSN MUST BE ON FILE WITH THE CAL NORTH STATE OFFICE BEFORE PAYMENT CAN BE ISSUED TO REPORT YOUR SSN, THE IRS W-9 FORM CAN BE FOUND ON THE CAL NORTH WEB SITE (WWW.CALNORTH.ORG).**

CALIFORNIA YOUTH SOCCER ASSOCIATION, INC.

HOME TEAM: _____

NAME (PLEASE PRINT)	#	CAL NORTH I.D. #
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		

TEAM OFFICIAL: _____

CALIFORNIA YOUTH SOCCER ASSOCIATION, INC.

VISITING TEAM: _____

NAME (PLEASE PRINT)	#	CAL NORTH I.D. #
1.		
2.		
3.		
4.		
5.		
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7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		

TEAM OFFICIAL: _____

REFEREE COMMENTS:

ALL SEND OFF REPORTS AND ANY CORRESPONDING COACH OR PLAYER PASSES FOR GAMES REMAINING TO BE SERVED MUST BE MAILED WITHIN 24 HOURS OF THE CONCLUSION OF THE MATCH TO THE APPROPRIATE LEAGUE/DISTRICT.