

# VOLUNTEER REFEREE REPORT

Include copies of both team's line-up sheets with this report.

Game Number	_____	Game Date	_____
Field Location	_____		
Game Start Time	_____	Game End Time	_____
Home Team	_____	Home Score	_____
Away Team	_____	Away Score	_____
Referee Name	_____	Linesman Name	_____
Referee Address	_____	Linesman Name	_____
	_____		
Referee Phone	_____		
Referee Email	_____		

Player Injuries:	Player Name	Team	Type of Injury

Players cautioned:	Player Name	Team	Type of Misconduct

Players sent-off:	Player Name	Team	Type of Misconduct

Referee Signature: \_\_\_\_\_

**Mail, scan & email or fax completed form & line-ups to the CPYSL office.**

Address: CPYSL  
4075 Lisburn Road  
Mechanicsburg, PA 17055

Email: [infocpyl@comcast.net](mailto:infocpyl@comcast.net)

Fax: (717) 697-5299