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**REFEREES OFFICIAL DISMISSAL REPORT**

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| --- | --- | --- |
| HOME TEAM | AWAY TEAM | AGE |
|   |  |  |

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| --- | --- | --- | --- |
| Date: |  | Competition: |  |
| Name of Player: |  | Shirt Number: |  |
| Team: |  | Time of Dismissal: |  |
| Score at Dismissal: |  | Final Score: |  |

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| --- |
| REASON FOR DISMISSAL |
| High / Stiff Arm / Late Tackle |  | Fighting |  |
| Use of Knees / Elbow |  | Retaliation |  |
| Running In |  | Stamping/Stepping on Player |  |
| Kicking |  | Punching / Striking |  |
| Tripping |  | Gouging |  |
| Brawl/Abandoned Game |  | Assault |  |
| Referee Abuse |  | Disputing Decisions |  |
| Foul / Abusive Language |  | Other Offences |  |

**Referees to indicate nature of offence by placing an ‘X’ in the above box**

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| --- |
| Full Description of Incident, Including General Impressions of the Game and Spectator Behaviour. Use the Reverse of this Form if Required |
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|  |  |
| --- | --- |
| Details of any caution issued to the player: |  |
| Injuries sustained by the player: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Distance From Incident: |  | Possibility of Mistaken Identity: |  |
| Aggressor or Retaliator: |  | Nature of Provocation: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Referees Name: |  | Referees Society:  |  |

|  |  |
| --- | --- |
| Referees Signature: |  |

This document is to be completed and e mailed within 72 hours to:

Simon Adamson - discipline@yjyarl.co.uk and Donna Simons secretary@yjyarl.co.uk. Where possible clubs being reported should also receive a copy within 72 hours of the game taking place.