**PLAYER SENT OFF THE PLAYING ENCLOSURE – 2014/2015**

**TO BE COMPLETED AND RETURNED AS DIRECTED BY YOUR REFEREE SOCIETY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Player’s name | Click here to enter name | Position | Select | Number | Enter number |

|  |  |  |  |
| --- | --- | --- | --- |
| Club | Click here to enter club | Team | Select |
| Date of dismissal | Click here to enter a date | Type of match | Select |
| Was a video made? | Select | Competition title | Click here to enter text |
| Match level | Select |

Match result:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home team | Click here to enter text | Score | Click here to enter score | Team | Select |
| Away team | Click here to enter text | Score | Click here to enter score | Team | Select |

Nature of offence:

|  |
| --- |
| Click to select offence |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Officials | Name | Email Address | Telephone | Society |
| Referee | Click here to enter text | Click here to enter text | Enter tel. | Enter text |
| A/R 1 | Click here to enter text. | Click here to enter text | Enter tel. | Enter text |
| A/R 2 | Click here to enter text | Click here to enter text | Enter tel. | Enter text |

Weather conditions and state of the pitch:

|  |
| --- |
| Click here to enter text |

General pattern of play/temper of game and any other red or yellow cards:

|  |
| --- |
| Click here to enter text |

Proximity of Referee/Asst. Referee to incident:

|  |
| --- |
| Click here to enter text |

|  |
| --- |
| Select |

Did you have an unobstructed view?

If no, please give details below:

|  |
| --- |
| Click here to enter text |

|  |  |  |  |
| --- | --- | --- | --- |
| Time of Incident | Click here to enter text | Half | Select |
| Score at Time of Incident | Home | Click here to enter text | Away | Click here to enter text |

Details of any injuries sustained to person(s) involved in the incident (**IF NONE OR UNSURE PLEASE STATE**):

|  |
| --- |
| Click here to enter text. |

Detailed report of incident:

|  |
| --- |
| Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Referee (**IN ALL CASES – DIGITAL SIGNATURE ACCEPTABLE**) | Click here to enter Referee signature | Date | Click here to enter a date |
| Signature of Asst. Referee (where applicable) | Click here to enter A/R signature | Date | Click here to enter a date |