



Red Card Report Levels 5 and Below

To be completed and returned CB Discipline Secretary and Referee Society Discipline Officer
WITHIN 48 HOURS OF THE COMPLETION OF THE MATCH
Please ensure **ALL** fields are completed
Please e-mail as an attachment

Player's Name:	
Player's Club:	
Player's No:	

Home Team	Final Score	Away Team

Law 9 Offence:					
League/Competition:				Date:	
Period Incident Occurred: (1st Half/2nd Half/ET)					
Elapsed Time in Half:			Proximity of Official to Incident:		
Did Match Official have a clear view:	Yes	No	Was match recorded:	Yes	No
Score at Time:					

Officials	Name	Email Address	Telephone	Society
Referee				
A/R 1				
A/R 2				

ADDITIONAL FACTORS

Weather conditions and state of the pitch. General pattern of play/temper of game.
Any other cards issued? Was there any injury/medical attention? Any other related information.

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DETAILED REPORT OF INCIDENT

Name:			
Signature:		Date:	