

ATTACH BOTH ROSTERS HERE

2004 BAYS SPRING REFEREE ASSIGNMENT SHEET

Do not copy this sheet

Referee _____ Phone _____

Address _____

Town _____ Zip _____

You are assigned to _____		Field _____	
Town _____		Date _____	
on Saturday at	9:00	10:30	11:45
	1:00	2:30	4:00
on Sunday at	1:00	2:45	4:30
			Division 1 2 3 4
Boys	Girls	U18/19	U16
		U14	U13
		U12	U12 8v8
		U11	U10
			U9

Assignor _____	Phone _____	Score
Home Team _____	Team# _____	
Away Team _____	Team# _____	

Game# _____ Home Coach Signature: _____

REFEREE - YOU MUST:

- Verify the field assignment with the Referee Assignor
- Attach Roster (without rosters you will not be paid)
- Mail To: Bays Accountant, PO Box 1050, Wrentham, MA 02093
- (Do not attach Linesman's Sheet)

FIELD CONDITIONS

Pitch: Good Poor Goal Nets: Yes No

Lines: Good Poor Corner Flags: Yes No

Condition of Nets: _____ Condition of Flags: _____

Conduct of Home team: _____ Conduct of Visiting team: _____

Conduct of Home Coach: _____ Conduct of Visiting Coach: _____

Conduct of Spectators: _____

YELLOW CARD

(Name, No, Team, Reason)

RED CARD*

(Name, No, Team, Reason)

_____	_____
_____	_____
_____	_____
_____	_____

Comments: _____

Age of Referee: _____ Was Zero Tolerance policy well observed _____

*Send Ejection Report & Pass Cards to Ejections Secretary, not the accountant

White Copy: Bays Accountant

Yellow Copy: Your Records