

SPECIAL INCIDENT REPORT

SUBMIT THIS FORM TO BOTH COMPLIANCE OFFICER AND REFEREE CHAIRMAN WITHIN 48 HOURS OF GAME DATE

Fill in all blanks on this form then

Print and fax to **519 733 4821**, *OR...*

Email as an attachment to both <u>glenda.willemsma@3web.net</u> AND <u>tony@braithwaites.ca</u>

Mail by regular mail AND phone Tony Braithwaite 519 733 6797 or 519 733 5450 or 519 567 6676

GAME INFORMATION Age Group [_____] Game #: [_______] Date: [______] Kick-Off Time: [] Time of Incident [] Visiting Team: [______] at Home Team: [______] Age Group: [_____] Location (field name): [_____] TIME AND LOCATION OF INCIDENT (check all that apply) ☐ Before the Game ☐ During the Game ☐ During Half Time ☐ After the Game ☐ On the Field ☐ Within Vicinity of Field ☐ Beyond View of Filed ☐ Involved Players of One Team only ☐ Involved Players of Both Teams ☐ Involved a Coach or Manager or Trainer ☐ Involved Spectator ☐ Involved Referee(s) ☐ Game abandoned for Weather or Failing Light PLAYER OR TEAM OFFICIAL DETAILS (If needed add others under "DESCRIPTION" below) Name: [______] Jersey # [_____] Team [_____] Name: [______] Jersey # [_____] Team [_____] Name: [______] Jersey # [_____] Team [______

Sun County Soccer League

Name: [] Jersey # [] Team []
Name: [] Jersey # [] Team []
Name: [] Jersey # [] Team []
GAME DETAILS (interim re	eport for Compliance Officer)	
Score: Visiting Team [] [] goals Home Team [] [] goals.
Goals scored: For Visiting Team – Player For Home Team – Player	Jersey Number(s) []
DESCRIPTION OF INCIDE	NT	
REFEREE		
Name: [] Phone [1