



## 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:<br>(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.



## DETAILED REPORT OF INCIDENT

|            |  |       |  |
|------------|--|-------|--|
| Name:      |  |       |  |
| Signature: |  | Date: |  |