



THE SOUTH WALES FOOTBALL ASSOCIATION LIMITED

Official Referees Report of Player Sent Off

Referees are advised to read the accompanying notes carefully before completing the form.

Reports must be sent within 2 days of the occurrence to the Hon. Assistant Secretary - Discipline, SWFA, G. N. Buckingham, 86 Dyffryn Y Coed, Church Village, Pontypridd CF38 1PQ.

DETAILS MUST BE PRINTED USING A BLACK BIRO.

MATCH v

Played at on

(State League or Competition) Division

Player's Full Name ofA.F.C.

OFFENCE

S1 - Serious foul play S2 - Violent conduct S3 - Spits at an opponent or any other person S4 - denies goal scoring opportunity to opponents by deliberate hand ball S5 - denies goal scoring opportunity to opponents by offence punishable by free kick or penalty S6 - Uses offensive, insulting or abusive language/gestures S7 - Receives second caution (both incidents to be shown on this form).

State which offence here, under Law 12, section S().

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Referee's Name Signed Reg. No.
(Block Capitals)

Please tick box if you require replacement forms Please allow 14 days.

Ref.

Automatic Suspension Matches <u>Commencing date</u>
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Sent to Club

FULL NAME OF PLAYER Date of Birth
(If under 18)

PLAYER'S ADDRESS
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Is the Player Contract/Non Contract. Is Player registered with any other team YES/NO.
(Delete as appropriate) (Delete as appropriate)

If Player is registered with other teams
give details of name(s) of Clubs and
League(s) involved.

FAILURE TO COMPLETE THIS SECTION CORRECTLY WILL RESULT IN DISCIPLINARY ACTION BEING TAKEN AGAINST BOTH CLUB AND PLAYER.

Club Secretary's Name
(Block Letters)

Signed

Name of Club

FOR OFFICE USE ONLY
Receipt No.
Date