

SEND OFF/INCIDENT REPORT



NOTE: This report is to be sent to the District Referees Co-ordinator and the Zone General Manager by 10:00am the first business day after match.

District: _____

Player/Offender Name(s): _____

Club: _____ **Versus:** _____

Grade: _____ **Venue:** _____

Date: _____ **Period of match when incident took place:** _____ **Minute:** _____

Half: _____

Details of incident: (Attach page(s) if necessary)

Was the Player/Offender dismissed? (please circle) Yes / No

Were other Player/Offender dismissed? (please circle) Yes / No

If so, who were those Players/Offenders?

Was an opposition player or any other person injured in the incident? (please circle) Yes / No

If so, give details of the injury sustained:

Did the opposition player receive medical attention? (please circle) Yes / No

If so, give details of the treatment received:

Was the Player warned previously? (please circle) Yes / No

If so, give details of that warning:
