CONNECTICUT SOCCER OFFICIALS ASSOCIATION

DISQUALIFICATION REPORT

Date of Game: ____/____/____

Home Team	Score	vs	Visiting Team	Score

Level _____ **Field** _____

Player Disqualified: ☐ **Coach Disqualified:** ☐ **Game Terminated:** ☐

Select all check boxes that describe game situation!!!

One Disqualification Form must be filled out for each individual disqualified and/or game termination!!!

Disqualification Information

Disqualified Player Name:	
Disqualified Coach Name:	
Team Name:	
Reason for Disqualification:	
Time of Disqualification:	**minute**
Explanation for Disqualification or Termination:	
Name of Local Board:	
Disqualifying Official:	
Other Official:	
Date Submitted:	/ /

Disqualification Report must be submitted within 48 hours to the local board representative!!!

Call the local board President immediately after the game to alert them to the disqualification!!!