



Scores should be recorded by the center official in the Arbiter. Officials should mail Supplemental Reports and Red Cards within 24 hours to:

Triangle Adult Soccer League
3300 Woman's Club Drive
Raleigh, NC 27612

WEATHER HOTLINES

WRAL / Davis Dr 248-9516
Herndon / Twin Lakes
560-4636 x 2121
Middle Creek 319-4500 x 505
Herbert Akins ES 552-5465 x18

TASL MATCH REPORT

Please circle a division.

Copa Libertadores

Copa Do Brasil

Fa Cup

Campeonato Uruguayo

Coppa Italia

Coupe De France

Copa Del Rey

DATE:	TIME:	FIELD:
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HOME TEAM NAME	SCORE	VISITOR TEAM NAME	SCORE

HOME TC (*sign*): _____ VISITOR TC (*sign*): _____

	REFEREE NAME: (PRINTED)	SS # LAST 4 DIGITS
Center:		
Line:		
Line:		

CENTER REFEREE MUST PROVIDE AN INCIDENT REPORT FOR ASSAULTS, RED CARDS OR INJURIES.

PLAYERS INJURED DURING THE GAME:

NAME	TEAM	NATURE OF INJURY

PLAYERS CAUTIONED DURING THE GAME (YELLOW CARDS):

NAME	TEAM	TYPE OF MISCONDUCT

PLAYERS SENT OFF FIELD (RED CARDS):

NAME	TEAM	TYPE OF MISCONDUCT

COMMENTS: _____