

# CIFA COMMISSIONER'S REPORT

HOME TEAM		MATCH #
VISITING TEAM		COMMISSIONER
DATE		REFEREE
SCHEDULED KICKOFF		ASSISTANT #1
ACTUAL KICKOFF TIME		ASSISTANT #2
VENUE		4TH OFFICIAL
RESULT:	HALF TIME	FULL TIME

GOALS					
MINUTE		TEAM	PLAYER #	PLAYER NAME	COMMENTS

CARDS					
MINUTE	Y or R	TEAM	PLAYER #	PLAYER NAME	REASON

SECURITY ?	# OF SPECTATORS	PRESS ?
REFEREE PERFORMANCE	GOOD / AVERAGE / POOR	COMMISSIONER SIGN / DATE
OTHER REMARKS ? WRITE OVERLEAF		