



National Operations Office
192 E. Bay St., Ste. 301
Charleston, SC 29401
Fax: (843) 614- 4146

COMPETITION INCIDENT REPORT

Home Club _____ vs. Visiting Club _____

Home Team _____ vs. Visiting Team _____

US Club Team Number _____ US Club Team Number _____

Game Date _____ Venue _____

Time of Incident _____ 1st Half 2nd Half Overtime Other

Name of Player(s) Involved _____ Player Club _____

Name of Staff(s) Involved _____ Staff Club _____

Name of Person Submitting Report _____

Person Submitting Report Phone _____ Email _____

Signature _____ Date Submitted _____

Print Legibly:

DESCRIPTION OF INCIDENT

LIST ALL INJURY DETAILS INCLUDING NAME(S)

ACTION REQUESTED

US CLUB SOCCER RESPONSE

NOTE: This form is to be used by teams or game officials for US Club Soccer review of incidents which occur during normal course of play, at halftime or fulltime, which may or may not have been dealt with by the game officials, but which may need further review. **Please fax to US Club Soccer: (843) 614- 4146**