



**LACROSSE CANADA**  
**CROSSE CANADA**

INFO@LACROSSE.CA  
LACROSSE.CA  
18 RUE LOUISA STREET, SUITE 310  
OTTAWA, ON K1R 6Y6

**CANADIAN LACROSSE OFFICIAL REFEREE  
SPECIAL INCIDENT REPORT**

PENALTY ASSESSED TO \_\_\_\_\_ OF \_\_\_\_\_  
(PLAYER) (TEAM)

BY \_\_\_\_\_  
(REFEREE'S NAME) (OTHER REFEREE)

LEVEL \_\_\_\_\_ Date of Game \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Minor/Jr.B/Jr.A/Sr.B/Sr.A) (DAY) (MONTH) (YEAR)

\_\_\_\_\_  
(VISITING TEAM) (HOME TEAM)

SENIOR REFEREE \_\_\_\_\_ REFEREE \_\_\_\_\_

TIME OF INCIDENT \_\_\_\_\_ : \_\_\_\_\_ IN THE \_\_\_\_\_ PERIOD

SCORE AT TIME OF INCIDENT: VISITING TEAM \_\_\_\_\_ HOME TEAM \_\_\_\_\_

Describe in detail the events leading up to and including the incident. (Use a diagram and mail if necessary)

PENALTY ASSESSED \_\_\_\_\_ / \_\_\_\_\_  
(RULE#) (RULE)

VERBAL REPORT MADE TO \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(DAY) (MONTH) (YEAR)

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(DAY) (MONTH) (YEAR)

- Send copies to:
1. CLA Lacrosse office
  2. Referee-in-Chief
  3. Personal copy

info@Lacrosse.ca

your@emailaddress.\*\*\*