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 REAM**_____

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 **info@Lacrosse.ca**
2.Referee-in-Chief **@ emailadress.*****
3. Personal copy **your@emailaddress.*****