



# PENNINE ARL

## REFEREE DISMISSAL FORM

Home Team -			Away Team:		
Date of Game:					
Name of Player Dismissed:					
Team:			Shirt No:		
Minute of Dismissal:			Score at time of Dismissal:		
DVD Recording of Game:		YES	NO	Final Score:	
TYPE OF OFFENCE (state required offence)				EXTRA INFO	
High Tackle	Stiff Arm	Late Tackle			
Strikes .....Hand		Hand		Elbow	Forearm
Strikes..... Knees		Knees in Tackle		Opponent on Ground	
Strikes .....Head Butting		Light Contact		Full Contact	Repeated
Punching		Self Defence		One on One	Reaction to Opponent
		Sustained/Repeated or Violent			
		Sustained Repeated, Violent & Aggressive			
Dangerous Throw	Grapple Tackle		Lifting & Dropping	Throw to ground	Spear Tackle
Trips		Reaction		Intentional	
Kicking		Light Contact		Intentional	Stamping/Trampling
Disputing Decisions					
Gouging					
Spitting		General		At Opponent	
Running in & Punching					
Offensive Language in general		Foul Language		Foul & Abusive Language	
Match Official Abuse .....Player		Foul Language towards Official		Foul & Abusive Language to Official	
Match Official Abuse..... Club Official		Foul Language towards Official		Foul & Abusive Language to Official	
Match Official Abuse.....Spectator		Foul Language towards Official		Foul & Abusive Language to Official	
Match Official Assault		Player	Club Official	Spectator	
Match Official Verbal Treats		Player	Club Official	Spectator	
Racially Motivated Abuse		Player	Club Official	Spectator	



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Intentionally or Continuously Breaks the Laws of the Game			
Behaves in any way contrary to the true spirit of the Game.			
Full description of incident, including impressions of game (use reverse if necessary):			
Distance from incident (metres):	Possible Mistaken Identity:	YES / NO	
Aggressor /Retaliator.	Nature of Provocation (if any) -		
Touch Judge Report to Follow : YES / NO.			
<b>REFEREE DETAILS</b>			
Name:	Society:	Signature:	

This report must be forwarded by e-mail to [huddsar1@hotmail.com](mailto:huddsar1@hotmail.com) for receipt within 48 hrs of the game's conclusion.