



NATIONAL WOMEN'S SOCCER LEAGUE

REFEREE CHECK LIST

Game No. _____ Game Date: _____

Team: _____ Referee Liaison: _____

Venue: _____

TO BE COMPLETED BY THE REFEREE. IF THE REFEREE CHECKS NO ON ANY OF THE ITEMS BELOW THE FORM WILL NEED TO BE EMAILED BY THE REFEREE WITHIN 24 HOURS FOLLOWING THE GAME TO jvanaman@nwslsoccer.com

MATERIALS		
Item	Yes	No
Liaison		
Game Timing Sheet		
Game Day Information		
Participant's Pre-Game Positioning Diagram and/or Stadium Field Plan		
Substitution Cards		
Substitution Board		
Referee Game Report		
Two Complimentary Tickets for each official and assessor		
One (1) All-Stadium Credential for in-stadium assessor		
Parking Pass for referees and assessor		
Security		
Clean Locker Room (separate from teams and gender if needed), Showers		
Copier / copies of documents returned to teams		
8 Towels		
Bars of Soap		
Provisions: Cooler containing ice, water, bottled isotonic beverages, fruit, protein / energy bars		

COMMENTS

Referee Name _____ / _____ (Initials) AR1 AR2 4th