

2024 NCAA Women's Lacrosse Carding/Score Verification Form



Home Team: _____

Game Date: _____

Visiting Team: _____

Game Site: _____

Final Home Score: _____

Official: _____

Final Visitor Score: _____

Official: _____

Game Duration in Minutes: _____

Official: _____

Home Team Cards	Total Number of	Total Number of
<u>Offense</u>	<u>Yellow Cards Issued</u>	<u>Red Cards Issued</u>
Dangerous Contact -Check to the head -Check to the neck -Cross check or sweeping check from the rear position		
Slash		
Dangerous propelling		
Dangerous follow-through/stick in the sphere		
Cross check		
Illegal use of the stick		
Misconduct foul		
Illegal body ball in goal circle		
Suspended player substitutes		
Illegal stringing/stick manipulation		
Other, please describe:		

Visiting Team Cards	Total Number of	Total Number of
<u>Offense</u>	<u>Yellow Cards Issued</u>	<u>Red Cards Issued</u>
Dangerous Contact -Check to the head -Check to the neck -Cross check or sweeping check from the rear position		
Slash		
Dangerous propelling		
Dangerous follow-through/stick in the sphere		
Cross check		
Illegal use of the stick		
Misconduct foul		
Illegal body ball in goal circle		
Suspended player substitutes		
Illegal stringing/stick manipulation		
Other, please describe:		

Check Box If No Cards Were Issued: ☐

Check Box If No Cards Were Issued: ☐

Any red cards issued require a written explanation from a game official: _____
