**Both team managers must text the results to 07938 219537 by 7pm on game day.**

***PLEASE COMPLETE ALL SECTIONS IN BLACK INK & BLOCK CAPITALS***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CLUB** |  | Age Group | Round Number | Date |

Squad List

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No | Name | RFU No | Named FR | Yellow/Red | Trys |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |
| 21 |  |  |  |  |  |
| 22 |  |  |  |  |  |
| 23 |  |  |  |  |  |
| 24 |  |  |  |  |  |
| 25 |  |  |  |  |  |
|  |
| ID CARDS CHECKED | Yes/No | No PLAYERS LENT |  |  |
| TEAMS HAVE SEEN EACH OTHERS TEAM SHEET BEFORE KO | Yes/No | Half game rule complied with | Yes/No |

**SCORE**

|  |  |  |  |
| --- | --- | --- | --- |
| Home Team |  | Coach/Managers Signature |  |
| Away Team |  |  |  |
| Referee |  | Tel no | Signature |

*Guidance for Coaches & Referees* - After the game, please enter the scores and record any yellow/red cards issued against the player's name. Sign & return this form to the following address lisalord77@gmail.com

as a PDF file by 6pm Monday following the game.

If you wish to make any further comments please do so, on the back of the form.

**Both teams to text the score and send in the match cards (PDF only) to the relevant age grade**

**secretaries and the competition organiser**