



# The British Amateur Rugby League Association



West Yorkshire House, 4 New North Parade, Huddersfield, HD1 5JP  
Telephone (01484) 544131) Fax (01484) 519985

HOME TEAM		AWAY TEAM
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	11	
	12	
	13	
	14	
	15	
	16	
	17	

(Tick substitutes if used)

Please include full names of all players participating not just initials.

TEAM	TRIES	GOALS	DROP GOALS	POINTS

<b>Competition:</b>	National / Cumbria / Lancashire / Yorkshire Cup		
<b>Round:</b>		<b>Age Group:</b>	
<b>Date:</b>		<b>Kick Off:</b>	
<b>Referee:</b>		<b>Signature:</b>	

Sin Bin or Dismissal	Player (Name & Number)	Team	Nature of Offence

Serious injuries sustained during play

I confirm having complied fully with the rules of the BARLA competitions as my signature below attests

HOME TEAM	
Coach Name	
Coach ID Number	
Signature	

AWAY TEAM	
Coach Name	
Coach ID Number	
Signature	

This document, duly completed and signed by all parties must be returned to BARLA with 72 hours of the game having been concluded.