Please complete all sections on your PC or in **BLOCK CAPITALS** and **BLACK INK**

|  |  |  |  |
| --- | --- | --- | --- |
| **CLUB**: |  | **MATCH DATE**: |  |

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| **SQUAD LIST**: | | | Mark “FR” in column against Front Row capable players. | | |
| **No.** | **SURNAME, First Name** | **RFU Reg #** | | **FR** | **Yellow/Red** |
| 15 |  |  | |  |  |
| 14 |  |  | |  |  |
| 13 |  |  | |  |  |
| 12 |  |  | |  |  |
| 11 |  |  | |  |  |
| 10 |  |  | |  |  |
| 9 |  |  | |  |  |
| 1 |  |  | |  |  |
| 2 |  |  | |  |  |
| 3 |  |  | |  |  |
| 4 |  |  | |  |  |
| 5 |  |  | |  |  |
| 6 |  |  | |  |  |
| 7 |  |  | |  |  |
| 8 |  |  | |  |  |
|  |  |  | |  |  |
| 16 |  |  | |  |  |
| 17 |  |  | |  |  |
| 18 |  |  | |  |  |
| 19 |  |  | |  |  |
| 20 |  |  | |  |  |
| 21 |  |  | |  |  |
| 22 |  |  | |  |  |

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| **RESULT DECLARATION**  Hand your completed Match Card to the Referee before the match | | | | If no FR replacement, mark “X” | |
| HOME TEAM: |  | POINTS: |  | 1st time req’d |  |
| TRIES: |  | 2nd time req’d |  |
| AWAY TEAM: |  | POINTS: |  | 1st time req’d |  |
| TRIES: |  | 2nd time req’d |  |
| Mark if uncontested scrums due to a R/Y card | | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **In signing this form, the Manager affirms an accurate squad list with all players registered and of the correct age** | | | |
| Home Manager: | Print: | Sign: | Tel: |
| Away Manager: | Print: | Sign: | Tel: |
| Referee / Society: | Print: | Sign: | Tel: |