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

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

|  |  |
| --- | --- |
| **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 |       |       |       |  |

|  |  |
| --- | --- |
| **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: |