

Both team managers must text the results to 07707 482 180 by 6pm on game day.

PLEASE COMPLETE ALL SECTIONS IN BLACK INK & BLOCK CAPITALS

CLUB		Age Group U14'S	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 allentbower@aol.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