## **RED CARD REPORT COMMUNITY GAME**



To be completed and returned to CB Discipline Secretary and Referee Society Discipline. Officer WITHIN 48 HOURS OF THE COMPLETION OF THE MATCH.

Please ensure ALL fields are completed. Please e-mail as an attachment.

Player's Nar									
Player's Clu									
Player's No:									
- 10						T_			
League/Cor					Date:				
Home Team			Final S		l Score	Score A		way Team	
Law 9 Offence Number:					Type of Offence (Strike, Kick, High				
Period Incident Occurred:				Elapse	Elapsed Time in Half:				
Proximity of Official to Incident:					Score	Score at Time:			
Did Match Official have a Clear View:		Yes		No	Was I	Was Match Reco		Yes	No
Officials	Nome		TT <sub>1</sub> O		Email Ad	d	Tolombox	• •	Cociota
Officials	Name		U18		Email Ad	dress	Telephoi	ne	Society
Referee	Name		U18		Email Ad	dress	Telephoi	ne	Society
Referee A/R1	Name		U18		Email Ad	dress	Telepho	ne	Society
Referee	Name		U18		Email Ad	dress	Telephor	ne	Society



	Detailed report	of the incident	
Name:			
Signature:		Date:	

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