



Cheshire Junior Knockout Competitions



MATCH RESULT FORM

PLEASE COMPLETE ALL SECTIONS

Team details to be completed by both Team Managers / Coaches, and countersigned by the referee after the game. **By signing this form both coaches are confirming that the information contained is correct to the best of their knowledge and that players RFU Registration Cards are available and have been checked before the start of the match if requested.**

Home Team		Tries :			Away Team		Tries :		
		Conv's :					Conv's :		
Age Group		D G's :			Age Group		D G's :		
Competition and Stage		Pen's :			Competition and stage		Pen's :		
<i>Date Match Played :</i>		MATCH TOTAL :					MATCH TOTAL :		
No	Name (Surname First)	Reg' No	Date of Birth	Played half game? (Y/N)	No	Name (Surname First)	Reg' No	Date of Birth	Played half game? (Y/N)
15					15				
14					14				
13					13				
12					12				
11					11				
10					10				
9					9				
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				

HOME BENCH

AWAY BENCH

16					16				
17					17				
18					18				
19					19				
20					20				
21					21				
22					22				

Home Manager / Coach's Name					Signature :				
Away Manager / Coach's Name :					Signature :				

Guidance for 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 Winning Team Manager / Coach for submission to the Cheshire Junior Competitions Organiser.

Referee's Name	Society	Tel No :	Signature :
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WINNING TEAM TO EMAIL RESULT WITHIN 48 HOURS OF MATCH TO: cheshirerugby.mj.sec@gmail.com

AND EMAIL A SCAN OR PHOTO OF THE FORM WITHIN 7 DAYS OF MATCH.