Cheshire Junior Knockout Competitions

MATCH RESULT FORM

PLEASE COMPLETE ALL SECTIONS

Team details to be completed by both Team Managers / Coachs, 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 *player RFU Registration details are available and have been checked before the start of the match*.**

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 :	
Date Match Played :	**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 :

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.