

SCRC Game Report



Your Team _____ Date: _____

Opponent _____

Match Location _____

	Name – Print Legibly	CIPP		Name – Print Legibly	CIPP
1			13		
2			14		
3			15		
4			16		
5			17		
6			18		
7			19		
8			20		
9			21		
10			22		
11			23		
12			23rd substitute may be used as a front row only		

Coach / Captain Acknowledgement: I hereby confirm that this roster represents a complete record of all players involved in this game. All players listed are: **(a)** Currently enrolled as full time students, **(b)** compliant with all USA Rugby collegiate eligibility rules and, **(c)** currently CIPP registered with USA Rugby.

Print Name _____ **Signature** _____

Opposing Coach / Captain Acknowledgement: I have had the opportunity to inspect my opponent's Collegiate Eligibility Form, USA Rugby CIPP Registration and Game Roster, comparing the players listed to their photo ID.

Print Name _____ **Signature** _____

TO BE COMPLETED BY THE REFEREE:

Home _____ / _____	Away _____ / _____	Game Played Under Protest? Yes No
Score / Tries	Score / Tries	Red Card Issued? Yes No
Referee (Print) _____		Field Properly Marked? Yes No
Referee (Signature) _____		Restraining Barriers? Yes No
Referee (Phone) _____		Goal Post Padding? Yes No
		Proper Kit – Home Team? Yes No
		Proper Kit – Away Team? Yes No