

SCRC Match 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 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 roster compared to the players photo ID.

Print Name _____ **Signature** _____

TO BE COMPLETED BY THE REFEREE:

Home _____ / _____ **Away** _____ / _____
Score / Tries Score / Tries

Referee (Print) _____

Referee (Signature) _____

Referee (Phone) _____

- | | | |
|----------------------------|-----|----|
| Game Played Under Protest? | Yes | No |
| Red Card Issued? | Yes | No |
| Field Properly Marked? | Yes | No |
| Restraining Barriers? | Yes | No |
| Goal Post Padding? | Yes | No |
| Proper Kit – Home Team? | Yes | No |
| Proper Kit – Away Team? | Yes | No |