**RFU WOMEN’S CUP COMPETITIONS**

**OFFICIAL MATCH RESULT SHEET 2017-18**

Please complete in **BLOCK CAPITALS**, stating surname followed by first name of all players & replacements

**AS THEY APPEAR ON THE OFFICIAL RFU PLAYER REGISTRATION COMPUTER LISTING**.

Competition: SENIOR INTERMEDIATE JUNIOR CUP, Round.................

Indicate by players name if they scored, i.e. T=Try, P=Penalty, C=Conversion & DG=Drop Goal.

THIS INFORMATION IS VITAL FOR THOSE LEAGUES RUNNING A BONUS POINT SCHEME

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **home** |  | **V** |  | **AWAY** |
| NO. OF TRIES SCORED |  |  | NO. OF TRIES SCORED |  |
| DATE: |  | VENUE: |  | **cUP:**  |
| **kick off time:**  | **finish time:**  |
| **pLAYER NAME** | **SCORE** |  | **pLAYER NAME** | **SCORE** |
|  |  | 15 |  |  |
|  |  | 14 |  |  |
|  |  | 13 |  |  |
|  |  | 12 |  |  |
|  |  | 11 |  |  |
|  |  | 10 |  |  |
|  |  | 9 |  |  |
|  |  | 1 |  |  |
|  |  | 2 |  |  |
|  |  | 3 |  |  |
|  |  | 4 |  |  |
|  |  | 5 |  |  |
|  |  | 6 |  |  |
|  |  | 7 |  |  |
|  |  | 8 |  |  |

|  |
| --- |
| REPLACEMENTS |
|  |  | 16 |  |  |
|  |  | 17 |  |  |
|  |  | 18 |  |  |
|  |  | 19 |  |  |
|  |  | 20 |  |  |
|  |  | 21 |  |  |
|  |  | 22 |  |  |

|  |  |
| --- | --- |
| Signed Home Team Captain : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signed Away Team Captain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print NameTel No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Print NameTel No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **MATCH OFFICIALS** |
| Referee: |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Referee’s signature |
| Society: |  |
| Tel No: |  |
| Details of all sending off's must be stated on the applicable report form. This will be provided by the HOME team captain. |

Please tick appropriate box and state at which teams request ……………………………….

Uncontested Scrums  Contested Scrums 

**\* please indicate ‘B’ – Borrowed Players ‘L’ – Loaned Players**

**PLEASE TELEPHONE THE RESULT TO 01676 478080 or text 07797800102 BY 6PM ON THE DAY OF THE MATCH AND POST MATCH REPORT FORM TO: WOMEN AND GIRLS. RUGBY EVENTS AND COMPETITIONS, RUGBY HOUSE, 200 WHITTON ROAD TWICKENHAM TW2 7BA OR EMAIL:** **womenscompetitions@therfu.com** **WITHIN 5 DAYS OF THE MATCH BEING** **PLAYED.**