

# RED CARD REPORT COMMUNITY GAME



To be completed and returned to **CB Discipline Secretary and Referee Society Discipline.**

**Officer WITHIN 48 HOURS OF THE COMPLETION OF THE MATCH.**

Please ensure **ALL** fields are completed. Please e-mail as an attachment.

Player's Name:	
Player's Club:	
Player's No:	

League/Competition:		Date:	
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Home Team	Final Score	Away Team

Law 9 Offence Number:		Type of Offence: (Strike, Kick, High tackle...)			
Period Incident Occurred:		Elapsed Time in Half:			
Proximity of Official to Incident:		Score at Time:			
Did Match Official have a Clear View:	Yes	No	Was Match Recorded?	Yes	No

Officials	Name	U18	Email Address	Telephone	Society
Referee					
A/R 1					
A/R 2					

<b>Additional Factors</b> Weather conditions and state of the pitch. General pattern of play/temper of game. Any other cards issued? Was there any injury/medical attention? Any other related information.

## Detailed report of the incident

<b>Name:</b>			
<b>Signature:</b>		<b>Date:</b>	

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