

RED CARD REPORT LEVELS 5 AND BELOW



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:	

Home Team	Final Score	Away Team

Law 9 Offence:					
League/Competition:		Date:			
Period Incident Occurred: (1st Half/2nd Half/ET)					
Elapsed Time in Half:		Proximity of Official to Incident:			
Did Match Official have a Clear View:	Yes	No	Was Match Recorded?	Yes	No
Score at Time:					

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

Additional Factors
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

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Name:			
Signature:		Date:	

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