



Home Team: _____

Visiting Team: _____

ARU Match Report

Date: _____

Location: _____

Time: _____

Referee: _____

Match Score:

1st Half **Home** - **Away**

Tries: _____ - _____

Conversions: _____ - _____

Penalty Kicks: _____ - _____

Drop Goals: _____ - _____

Yellow Cards*: _____ - _____

Red Cards*: _____ - _____

2nd Half **Home** - **Away**

Tries: _____ - _____

Conversions: _____ - _____

Penalty Kicks: _____ - _____

Drop Goals: _____ - _____

Yellow Cards*: _____ - _____

Red Cards*: _____ - _____

FINAL SCORE _____ - _____

***More info on back**

Referee's Signature:

Name (Last, First, MI)	CIPP	Citizenship Verified	
1 _____	# _____	Y	N
2 _____	# _____	Y	N
3 _____	# _____	Y	N
4 _____	# _____	Y	N
5 _____	# _____	Y	N
6 _____	# _____	Y	N
7 _____	# _____	Y	N
8 _____	# _____	Y	N
9 _____	# _____	Y	N
10 _____	# _____	Y	N
11 _____	# _____	Y	N
12 _____	# _____	Y	N
13 _____	# _____	Y	N
14 _____	# _____	Y	N
15 _____	# _____	Y	N

Reserves			
For		CIPP	Citizenship Verified
<input type="checkbox"/> 16	_____	# _____	Y N
<input type="checkbox"/> 17	_____	# _____	Y N
<input type="checkbox"/> 18	_____	# _____	Y N
<input type="checkbox"/> 19	_____	# _____	Y N
<input type="checkbox"/> 20	_____	# _____	Y N
<input type="checkbox"/> 21	_____	# _____	Y N
<input type="checkbox"/> 22	_____	# _____	Y N

Representative Signature

(X): _____

Please Note: Representative's Signature indicates that the above players are registered with the USA Rugby CIPP Program, have proper individual medical insurance, can produce appropriate documents for non-United States citizens, and that their club has a liability insurance policy in place. Failure to abide by these mandates will result in forfeiture and possible disciplinary action by USA Rugby, the governing Territorial Union, the governing Local Area Union, or all of the aforementioned.

Name (Last, First, MI)	CIPP	Citizenship Verified	
1 _____	# _____	Y	N
2 _____	# _____	Y	N
3 _____	# _____	Y	N
4 _____	# _____	Y	N
5 _____	# _____	Y	N
6 _____	# _____	Y	N
7 _____	# _____	Y	N
8 _____	# _____	Y	N
9 _____	# _____	Y	N
10 _____	# _____	Y	N
11 _____	# _____	Y	N
12 _____	# _____	Y	N
13 _____	# _____	Y	N
14 _____	# _____	Y	N
15 _____	# _____	Y	N

Reserves			
For		CIPP	Citizenship Verified
<input type="checkbox"/> 16	_____	# _____	Y N
<input type="checkbox"/> 17	_____	# _____	Y N
<input type="checkbox"/> 18	_____	# _____	Y N
<input type="checkbox"/> 19	_____	# _____	Y N
<input type="checkbox"/> 20	_____	# _____	Y N
<input type="checkbox"/> 21	_____	# _____	Y N
<input type="checkbox"/> 22	_____	# _____	Y N

Representative Signature

(X): _____