**BUCS Rugby League 9s Official Team Sheet**

**TEAM SHEET TO BE COMPLETED BY EACH TEAM PLAYING, SUBMITTED AND RETURNED BACK TO THE REFEREE. WITHIN 48 HOURS OF THE GAMES COMPLETION TO THE RFL BY ANY OF THE FOLLOWING METHODS:**

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**NB IT IS BOTH THE REFEREE AND THE HOME TEAMS RESPONSIBILITY TO ENSURE THIS TEAMSHEET IS SUBMITTED TO THE RFL WITHIN 48 HOURS OF THE MATCH COMPLETITION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Player Number** |  **First Name** | **Surname** | **DOB** | **Postcode** |  |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |
| **11** |  |  |  |  |
| **12** |  |  |  |  |
| **13** |  |  |  |  |
| **14**  |  |  |  |  |
| **15**  |  |  |  |  |
| **16**  |  |  |  |  |
| **17**  |  |  |  |  |
| **18** |  |  |  |  |
| **19** |  |  |  |  |
| **20** |  |  |  |  |
| **Head Coach**  |  |  |  |  |
| **Assistant Coach**  |  |  |  |  |
| **Medical Support** |  |  |  |  |
| **Game Date** | Kick-Off Time | Half-Time Score | Full-Time Score | Home Team, **Man of the Match** | Away Team,Man of the Match |
|  / / |  | - | - |  |  |
| **Disciplinary Report** | **Player (Name & Number)** | **Team** | **Nature of Offence** |
| **Sin Bin / Dismissal** |  |  |  |
| **Sin Bin / Dismissal** |  |  |  |
| **Sin Bin / Dismissal** |  |  |  |
| **Sin Bin / Dismissal** |  |  |  |
| **Serious Injury Report** | **Player (Name & Number)** | **Team** | **Nature of Injury** |
|  |  |  |
|  |  |  |
| **Team Sheet Authorisation** | **Name (Print)** | **Signature** | **Position/Role at Club** |
| **Home Team Representative** |  |  |  |
| **Away Team Representative** |  |  |  |
| **Referee** |  |